

Name
in
Full

CERTIFICATE OF DEATH

Annie M. Beaver

Town

County

MARYLAND

Died at

Annapolis

A. A. County

Date

of death

1909 Aug

Month

Day

4th

Age

Years

59 (?)

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Unknown

Occupation

House wife

Where Residing if not
at place of death

X

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Katharine A. Taylor

How related
to deceased

X None

CAUSES OF DEATH

120

Primary

Nephritis

How long

months

Immediate

Hypertensive Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

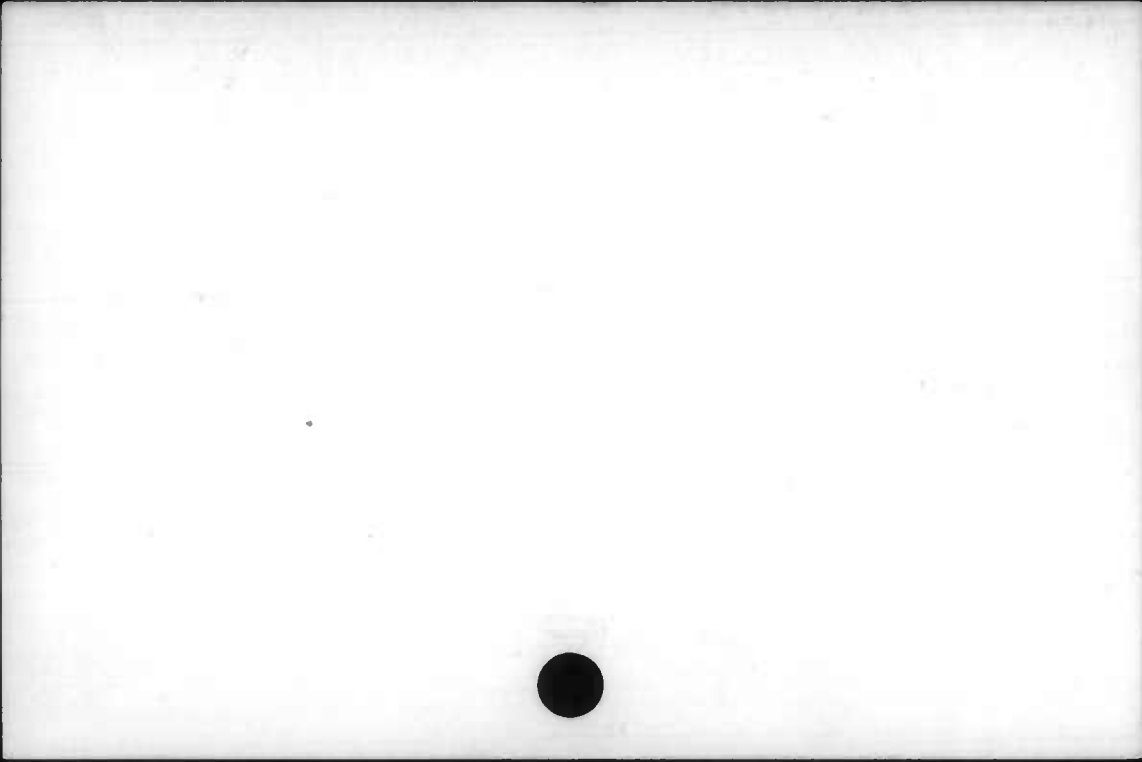
Address

J. H. Purvis
Annapolis
Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Ernest L. Breech

Town

County

MARYLAND

Died at

Annapolis, Md. Anne Arundel

Date

Aug 30

Month

Day

Years

Months

Days

of death

1909 August 30

Age

49

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Saloon keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs. Lizzie Breech

Father's
Name

Chas. F. Breech

Father's
Birthplace

Germany

Mother's
Maiden Name

Miss Mary Catharine Tucker

Mother's
Birthplace

Germany

Name of person giving
Information

Frank W. Burt

How related
to deceased

Friend
through his sister

CAUSES OF DEATH

Primary

Acute Alcoholic Poisoning

How long

56

Immediate

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

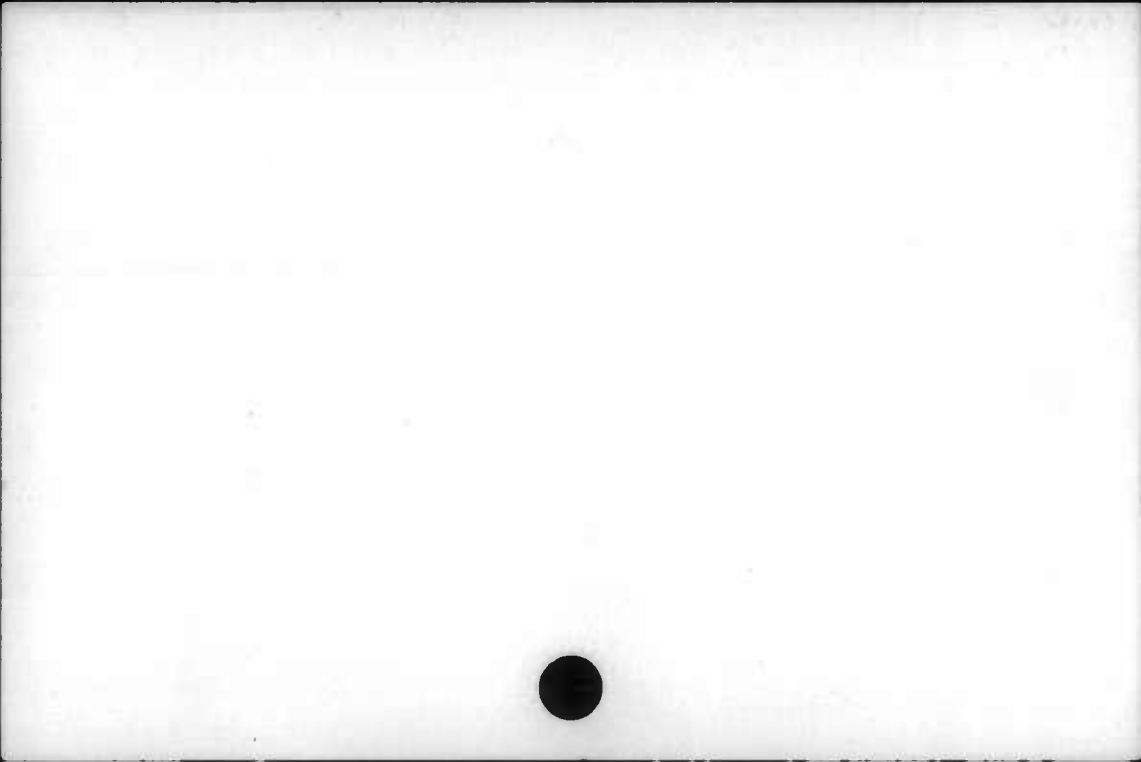
Address

John H. Davis
Coroner
Annapolis
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert T. Charlton
 Died at *Annapolis* ^{Town} *A.A.* ^{County}
 Date of death *1909* ^{Month} *Aug.* ^{Day} *31st* ^{Years} *28* ^{Months} ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Baetr.*
 Occupation *Crossman* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *John Charlton* Father's Birthplace *Va.*
 Mother's Maiden Name *Susie Hands* Mother's Birthplace *A.A.C.*
 Name of person giving Information *A.T. Wolfenden* How related to deceased *Cousin.*

CAUSES OF DEATH

172
 How long
 How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

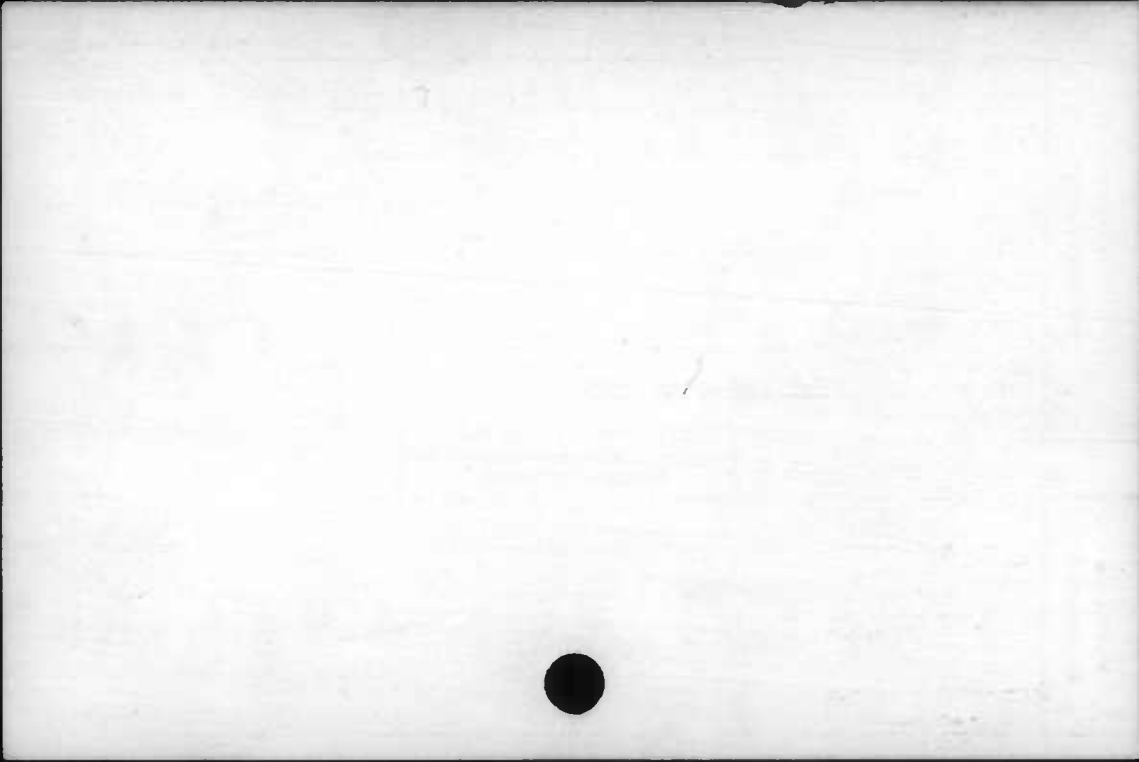
*Yes*Signature of
~~Physician~~

Address

John H. Davis
Baetr.
Annapolis
Maryland

Accident or Suicide

Drowning



Name
in
Full

Cornelia Chase

CERTIFICATE OF DEATH

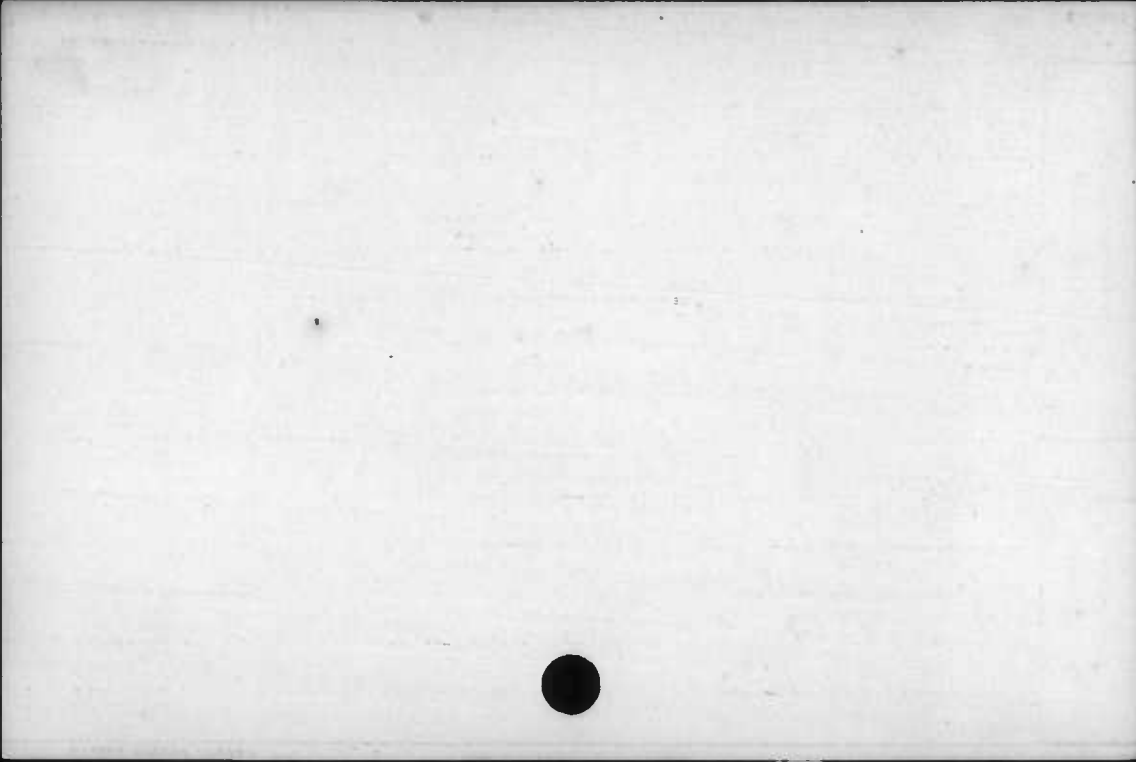
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pumphrey</i> ^{Town}		<i>Anne</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>Aug</i> ^{Day}	<i>27</i> ^{Years}	<i>18</i> ^{Months}	<i>18</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Pumphrey, H.C. Ala</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>George Chase</i>		
Mother's Maiden Name			<i>Cornelia Ward</i>		
Name of person giving information			<i>Benjamin Ward</i>		
Father's Birthplace			<i>Ates Ala</i>		
Mother's Birthplace			<i>Ates Ala</i>		
How related to deceased			<i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>10 hours</i>
Immediate	<i>Inanition & Convulsions</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. R. Winters</i>	
Address		<i>Hannover Ala</i>	
Accident or Suicide?			



Name
in
Full

George Colbock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

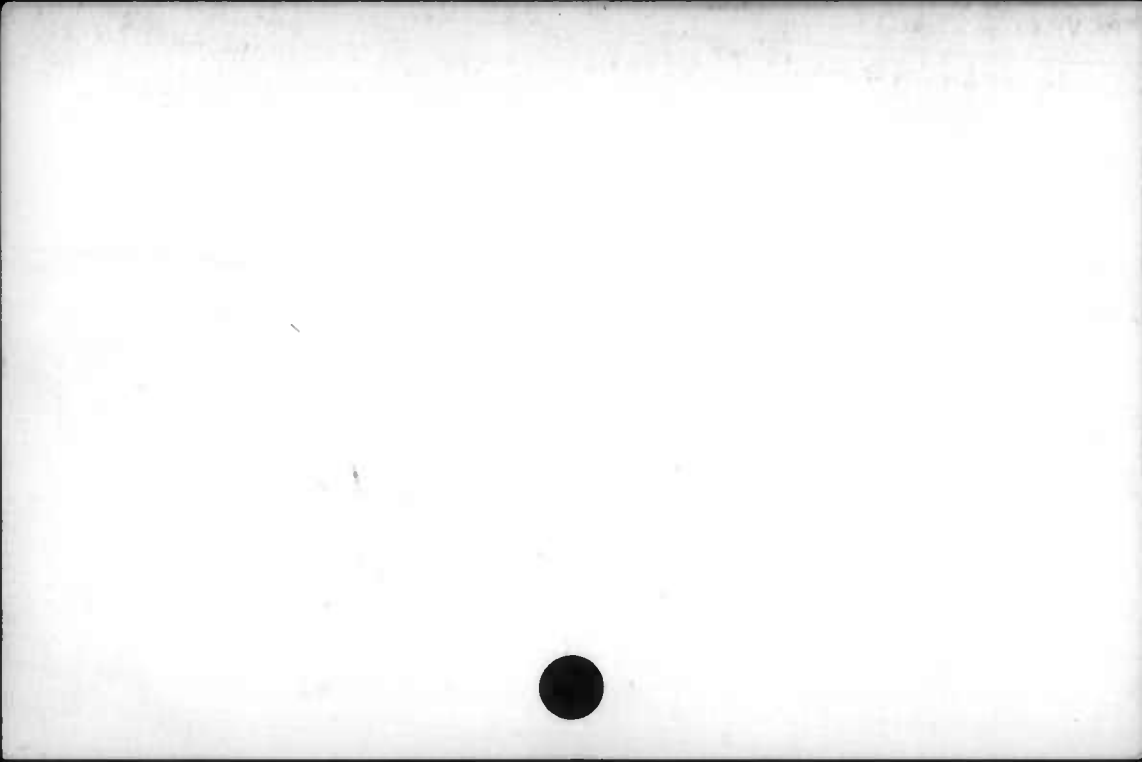
Died at <i>3d St.</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>Aug</i>	Day <i>17</i>	Age	Years <i>3</i>	Months <i>15</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>3d St. & A Co Ma</i>
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>George Colbock.</i>			Father's Birthplace	<i>Bohemia</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	
Name of person giving Information	<i>Agustus Smith</i>			How related to deceased	<i>Adopted Brother</i>

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>disentary</i>	How long	<i>1 week</i>
Immediate	<i>exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jack. D. Ridout -</i>
		Address	<i>Annapolis Md</i>
Accident or Suicida			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jefferson Town *St. Paul* County *a a* MARYLAND

Died at *Annapolis* Month *Aug* Day *3* Age *75* Years Months Days

Date of death *1909 Aug 3*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *farmer* Where residing if not at place of death *South River Md*

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *Robert* Father's Birthplace *Virginia*

Mother's Maiden Name *Robert* Mother's Birthplace *with over*

Name of person giving Information *Joseph Collins* How related to deceased *none*

CAUSES OF DEATH

142

PHYSICIAN/
OR CORONER

Primary *Gangrene of foot* How long

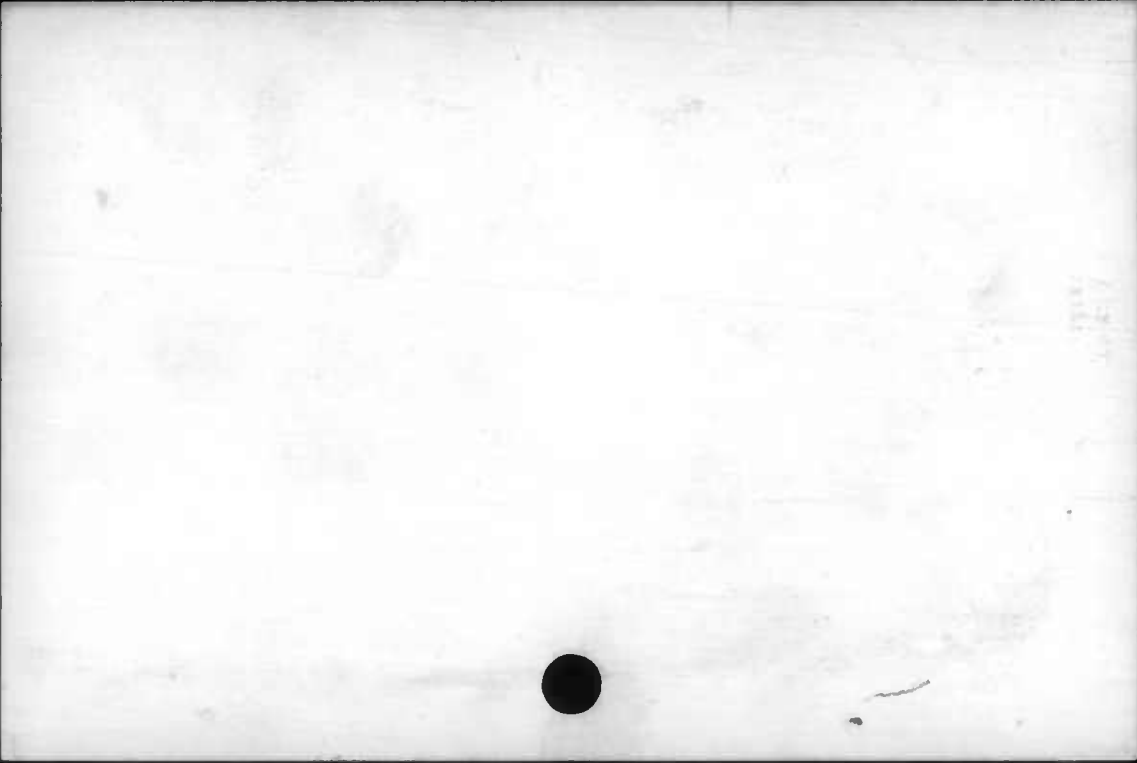
Immediate *Asthenia* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Walton H Hopkins*

Address *Annapolis*

Accident or Suicide *neither*



Name
in
Full

Richard Phillip Disney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

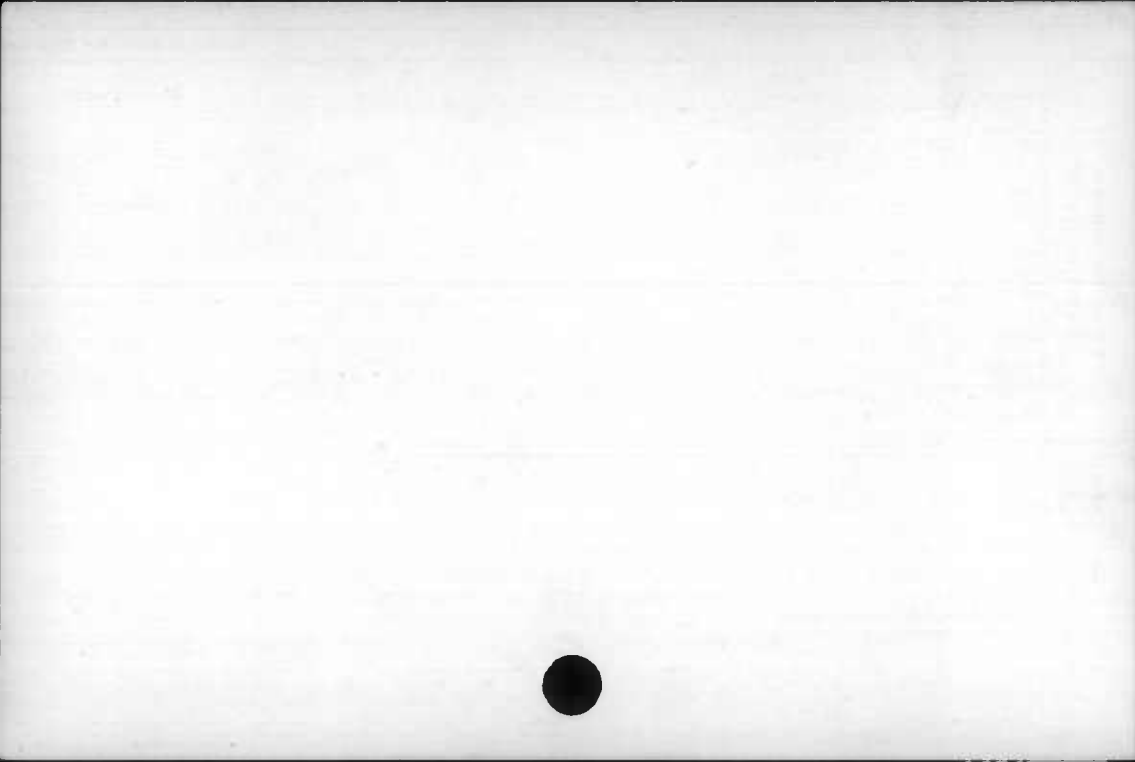
Died at <i>near Hanover</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Aug</i>	Day <i>5</i>	Age	<i>5</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	Birth-place
Occupation	<i>none</i>		Where Residing if not at place of death <i>Resided at place of death</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Richard P. Disney</i>			Father's Birthplace	<i>Maryland</i>
Mother's M maiden Name	<i>Lucy Smith</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Richard P. Disney</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>7 days</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Ind</i>
Accident or Suicide	<i>no</i>		



Name
in
Full

Henerada Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *East Port* ^{Town} *St. St.* ^{County}

Date of death 190 *9* ^{Month} *Aug* ^{Day} *6* Age *62* ^{Years} *Months* *Days*

Sex *Female* Color or Race *colored* Birth-place *balbit Co Md*

Occupation *House Wife* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Arthur Dixon*

Father's Name *Thomas Ennis* Father's Birthplace *Unknown*

Mother's Maiden Name *Marjor Jones* Mother's Birthplace *Unknown*

Name of person giving Information *Arthur Dixon* How related to deceased *Husband*

CAUSES OF DEATH

104 *1 1/2 hr.*

Primary *Acute Indigestion*
Immediate *Heart Failure*

How long *Gradual*
Sudden Death

Are the name, age, sex, color, date and place correctly given above?

yes

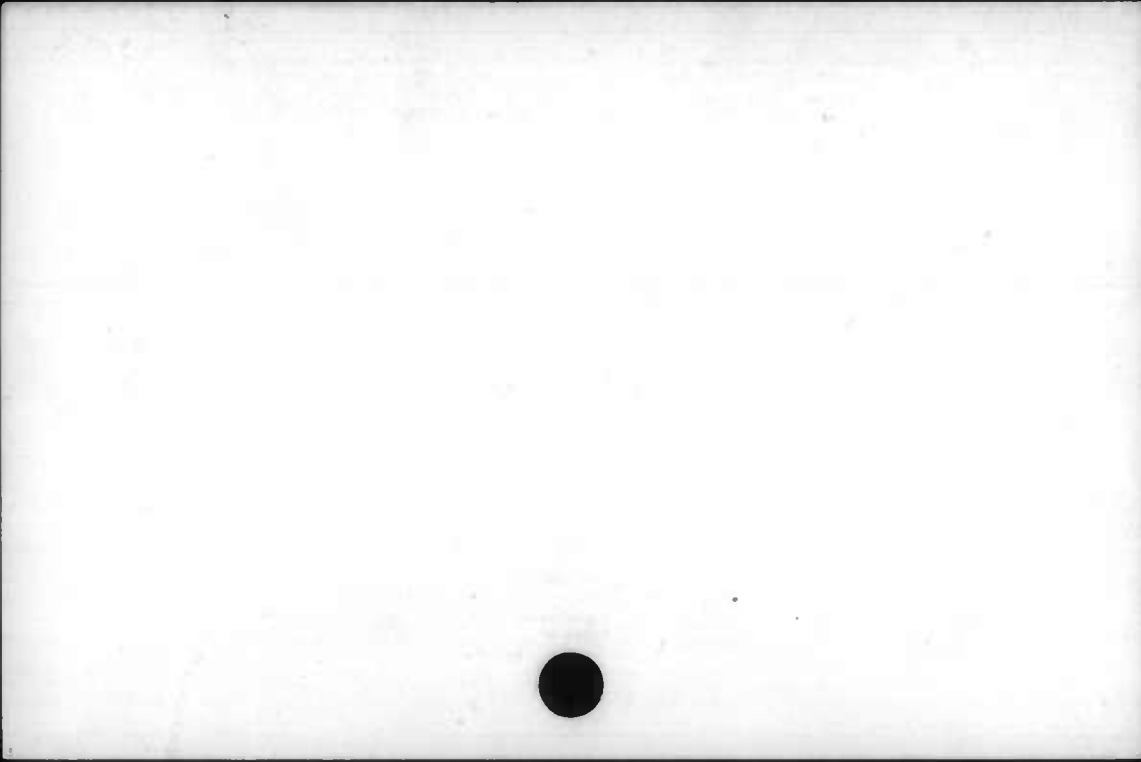
Signature of Physician

Address

John Ridout
Stung hole

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Dorothy Donaldson

Town

County

MARYLAND

Died at

Lanier

A.C.

Date

Month

Day

Years

Months

Days

of death

1909 aug

23

Age

65

Sex

Female

Color or
Race

white

Birth-
place

Ma

Occupation

unfam

Where Residing if not
at place of death

her Lanier

Married, Single
or Widowed

unfam

Name of Wife or
Husband

—

Father's
Name

L. C. Donaldson

Father's
Birthplace

Ma

Mother's
Maiden Name

Annie E. Grandell

Mother's
Birthplace

Ma

Name of person giving
In formation

L. C. Donaldson

How related
to deceased

father

CAUSES OF DEATH

105

Primary

Enterocolitis.

How long

2 wks.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

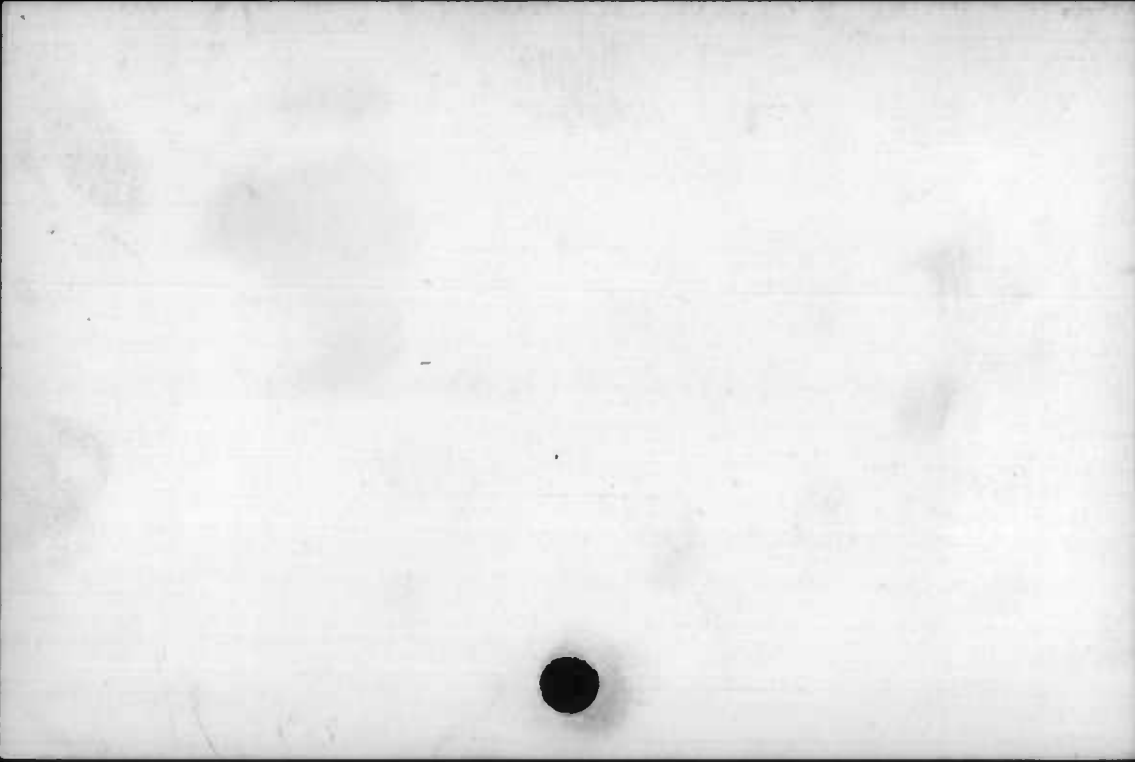
Signature of
Physician

Address

J. R. Hunt, M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

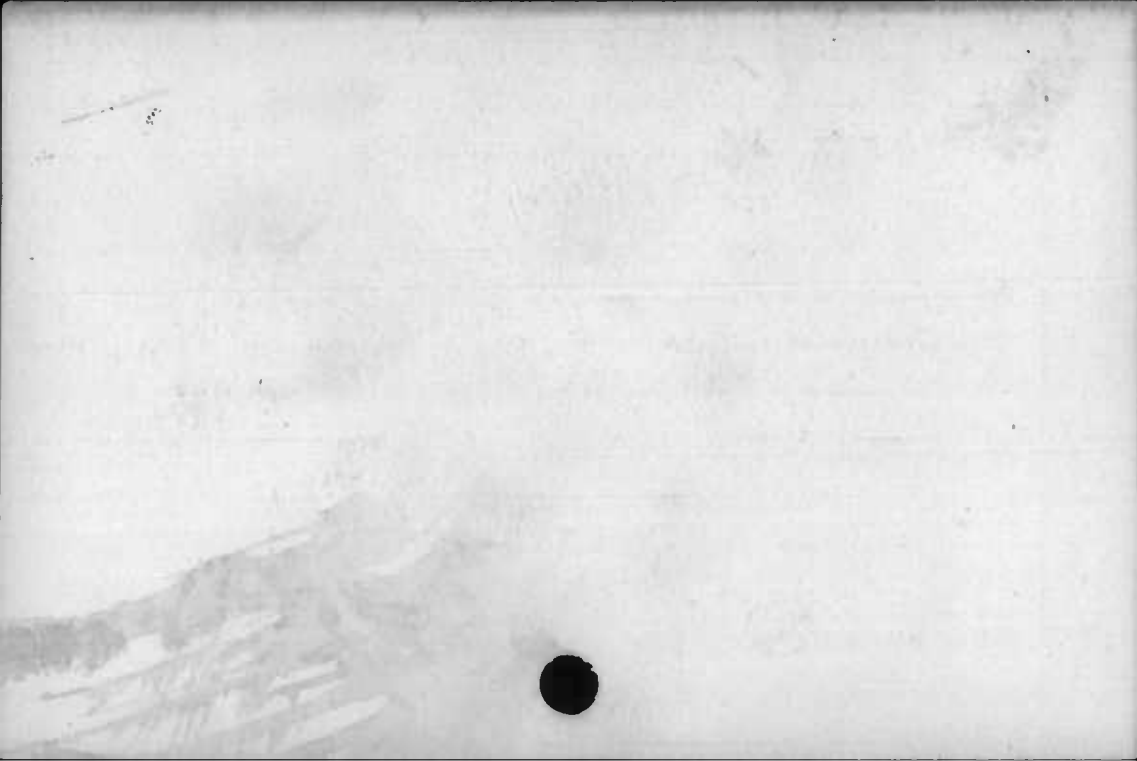
Died at <i>Odenton</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>2</i>	Age <i>49</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Jno Daneski</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Mary Daneski</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

(94)

PHYSICIAN
OR CORONER

Primary <i>Pleuritis</i>	How long <i>14 days</i>
Immediate <i>Empyema</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R A Hammond</i>
<i>No</i>	Address <i>Jessup Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Douglas

Town

County

Died at

Annapolis on July 22

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Aug 12

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph H. Douglas

Father's
Birthplace

Wash DC.

Mother's
Maiden Name

Florence Howard

Mother's
Birthplace

Berlin

Name of person giving
Information

Joseph H. Douglas

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Born

How long

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

V. P. Keeler

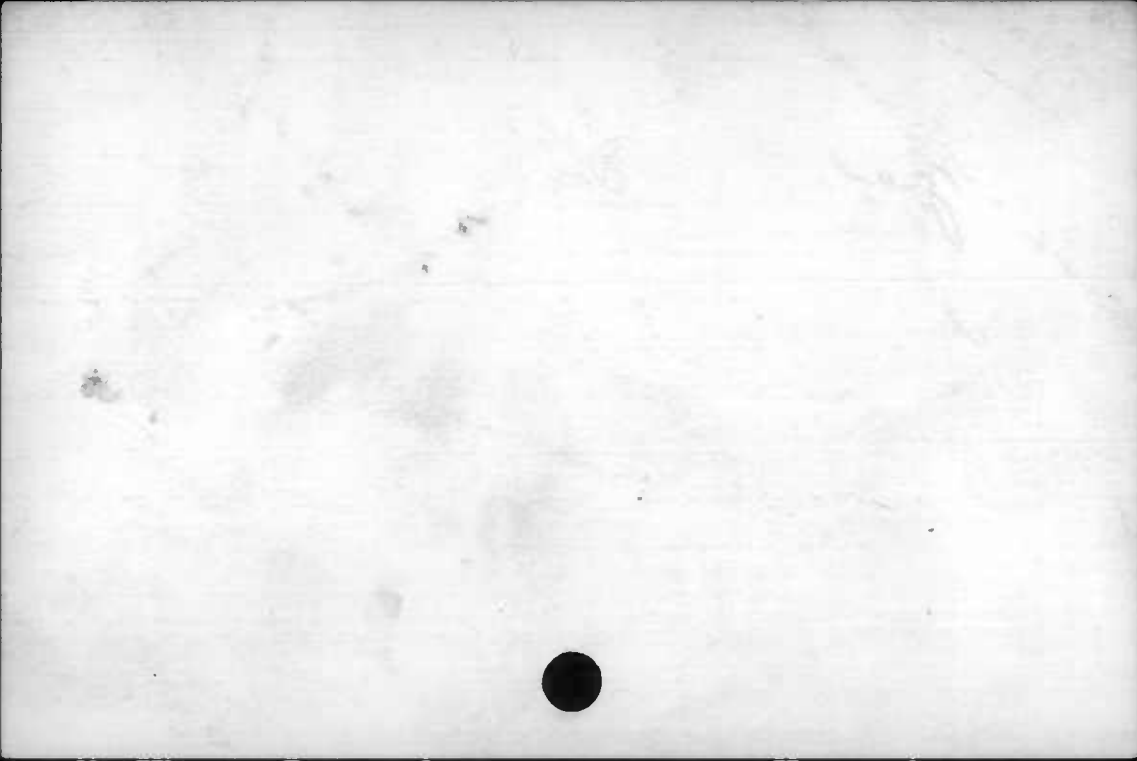
Address

600 C St
Annapolis

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Eberhart Frederick Dralle

CERTIFICATE OF DEATH

MARYLAND

Died at

East Port

Town

County

St. St. Co.

Date

of death

1907

Month

July

Day

1

Age

Years

~~10~~

Months

2

Days

14

Sex

Male

Color or
Race

White

Birth-
place

East Port Md.

Occupation

None

Where Residing if not
at place of death

Eastport, Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

William Frederick Dralle

Father's
Birthplace

Germany

Mother's
Maiden Name

Emilie Brown

Mother's
Birthplace

Germany

Name of person giving
Information

Emilie Dralle

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

Entero-Colitis

How long

one week.

Immediate

Convulsions

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Louis B. Deuker Jr.
Annapolis,
Md.

Accident or Suicide

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

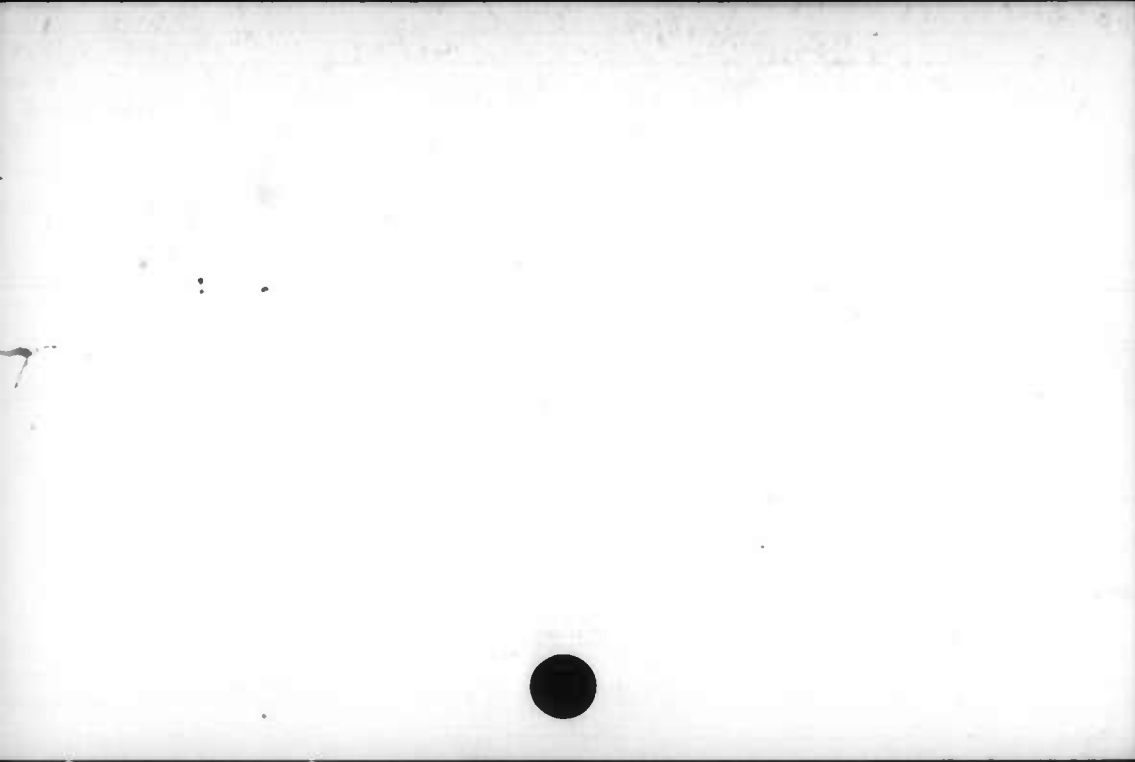
John Bernard Flood		Town		County		MARYLAND	
Died at Annapolis		Anne Arundel					
Date of death 1909 August 25		Age 53		Months 10		Days	
Sex Male		Color or Race White		Birth-place Brooklyn N.Y.			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Fanny M. Flood					
Father's Name Bernard Flood		Father's Birthplace Ireland					
Mother's Maiden Name Jane E. Gies		Mother's Birthplace Ireland					
Name of person giving Information Jos F. Haughton		How related to deceased Brother-in-law					

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Nephritis & Diabetes	How long	5 to 6 months
Immediate	uraemia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. S. Hepburn	
Yes		Address Annapolis Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

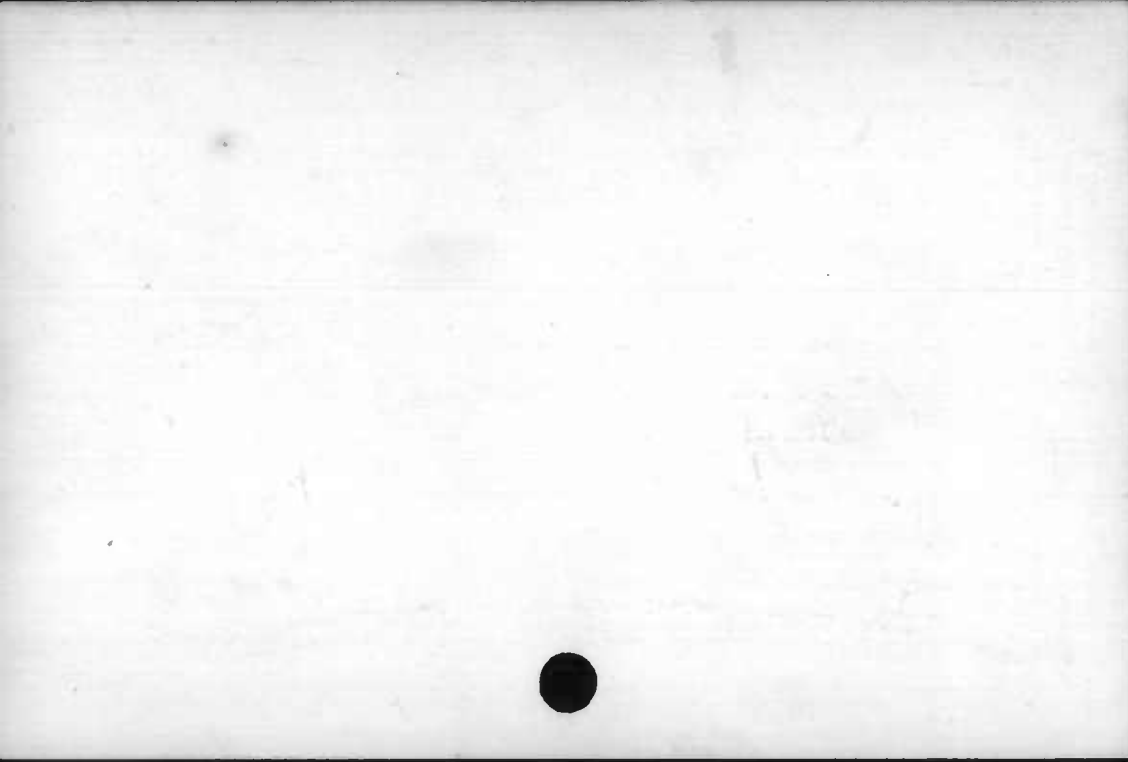
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edge Water</i>		Town <i>Laurel</i>		County <i>Laurel</i>		MARYLAND	
Date of death 190 <i>9 Aug</i>		Month <i>14</i>		Day <i>17</i>		Years <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>River View</i>			
Occupation				Where Residing if not at place of death <i>Edge Water</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Benjamin Galloway</i>				Father's Birthplace <i>River View</i>			
Mother's Maiden Name <i>Josephine Gable</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Benjamin Galloway</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>21 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B.R. Jackson</i>	
		Address <i>Davidsonville Md</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

Charlie Golumbofsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at *Curtis Bay* Town *A. A. County* County *MARYLAND*

Date of death *1909* *aug* *5th* Age *5* Months *5* Days

Sex *male* Color or Race *white* Birth-place *Curtis Bay Md*

Occupation *-* Where Residing if not at place of death

~~Married~~, Single
~~or Widowed~~

Name of Wife or
Husband *-*

Father's
Name

Simon Golumbofsky

Father's
Birthplace

Russia

Mother's
Maiden Name

Eleanore Stankunas

Mother's
Birthplace

Russia

Name of person giving
Information

Louise Golumbofski

How related
to deceased

Sister

CAUSES OF DEATH

105

Primary

Gastro-enteritis

How long

Eleven days

Immediate

Asthenia

How long

Eleven days

Are the name, age, sex, color, date
and place correctly given above?

Yes

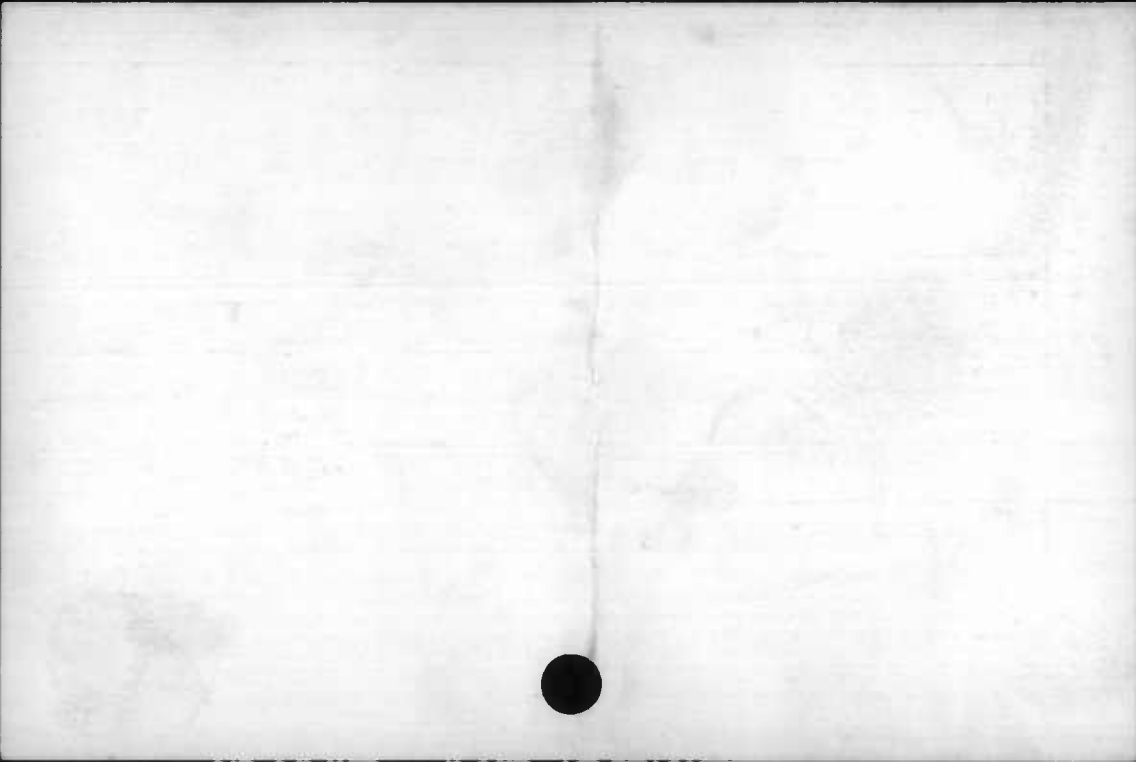
Signature of
Physician

Skahn M.D.

Address

1823 W. North St. Balt. Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John R. Gray
Died at *Bestville* ^{Town} *dist* ^{County} *Anne Arundel* **MARYLAND**

Date of death *1909 Aug 5* Age *40*

Sex *Male* Color or Race *White* Birth-place *Norfolk Co Va*

Occupation *Agent* Where Residing if not at place of death *Ballo And*

Married, Single or Widowed *Single* Name of Wife or Husband *Anna Gray*

Father's Name *John Gray* Father's Birthplace *"*

Mother's Maiden Name *Ann Hubbard* Mother's Birthplace *"*

Name of person giving Information *Anna Gray* How related to deceased *Wife*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Struck by a limb falling from a tree while driving* ^{How long} *Instantly*

Immediate *by accident* ^{How long} *166*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. D. H. Lee* Address *Annapolis Md*

Accident or Suicide *Accident*

Mrs. Ann Tucker

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maria L. Hammond</i>		Town <i>Dorsey</i>		County <i>Calvert</i>		State <i>MARYLAND</i>	
Died at <i>Dorsey</i>		Month <i>Aug</i>		Day <i>22</i>		Years <i>73</i>	
Date of death <i>1909 Aug 22</i>		Age <i>73</i>		Months <i>11</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hannover</i>			
Occupation		Where Residing if not at place of death <i>889 1/2 ...</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles D. Hammond</i>					
Father's Name <i>so ... Stauffer</i>		Father's Birthplace <i>Ind ...</i>					
Mother's Maiden Name <i>Mary Linn</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Emma ...</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Tubercular disease of heart</i>	How long <i>6 mos</i>
Immediate <i>Dyspnoea</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. A. Hammond</i>
	Address <i>Jessup, Md.</i>
Accident or Suicide? <i>No</i>	

1835

Name
in Full

Benjamin Garrison Sr.

CERTIFICATE OF DEATH

MARYLAND

Died at 1 mile from Town Annapolis on road to District of Columbia County

Date of death 1909 Aug 1 Age 61

Sex Male Color or Race White Birth-place St Mary Co. Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Virginia Garrison

Father's Name Samuel Garrison Father's Birthplace St Mary Co. Md

Mother's Maiden Name Rozeta Dement Mother's Birthplace St Mary Co. Md

Name of person giving Information Gladis Garrison How related to deceased Daughter

CAUSES OF DEATH

Primary Cause Apoplexy

How long 64 hr

Immediate

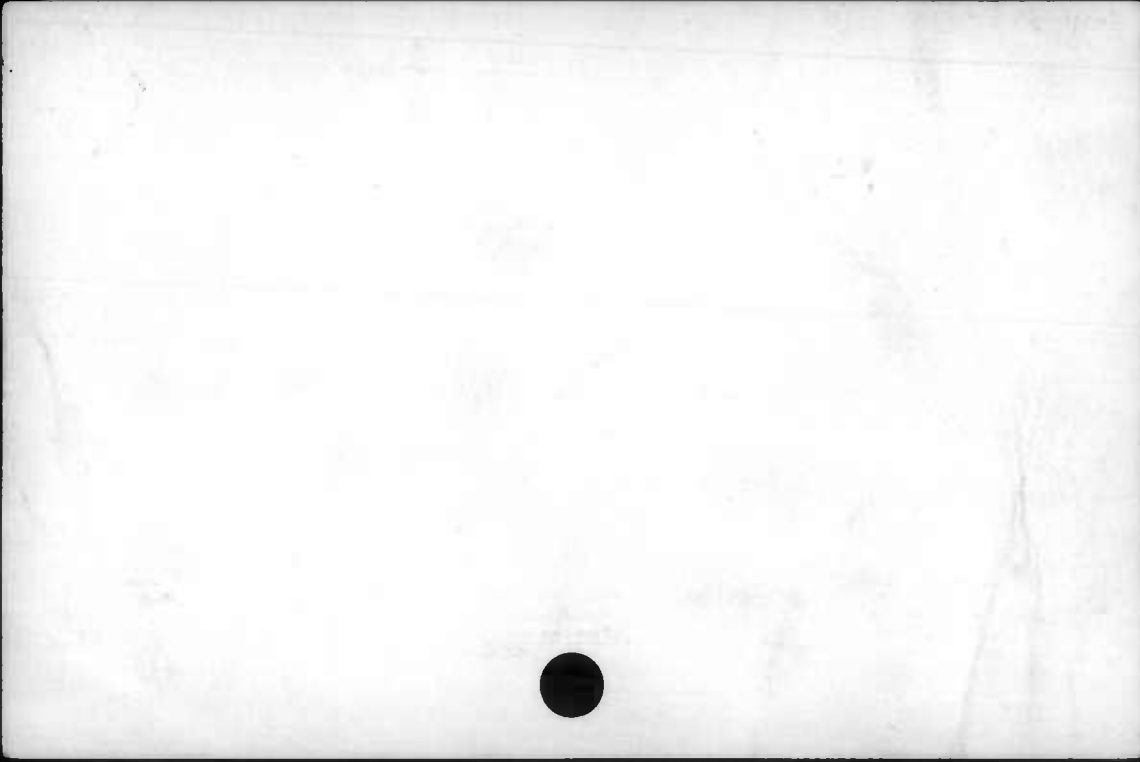
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John H. Davis, M.D.
Address Annapolis Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Francis J. Hall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

St Margarets

A. A.

Date

of death

1909 Aug

Month

Day

19

Age

Years

78

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

A. A. Co Md

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Thomas Hall

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Ida V. Bagwell

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Parecer

How long

1 month

Immediate

Coma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John H. Davis

Annapolis

Barber

Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Harrid

Town

County

MARYLAND

Died at Patuxent

A. A. Co., Md.

Date

Month

Day

Years

Months

Days

of death 1909

Aug

5

Age

25

Sex

Female

Color or
Race

Colored

Birth-
place

Va

Occupation

Housewife

Where Residing if not
at place of death

Odenton

Married, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

James H. Dennis

How related
to deceased

No

CAUSES OF DEATH

106

Primary

Inflammation of Stomach & Intestines

How long

2 days.

Immediate

Apoplexy 2 days

How long

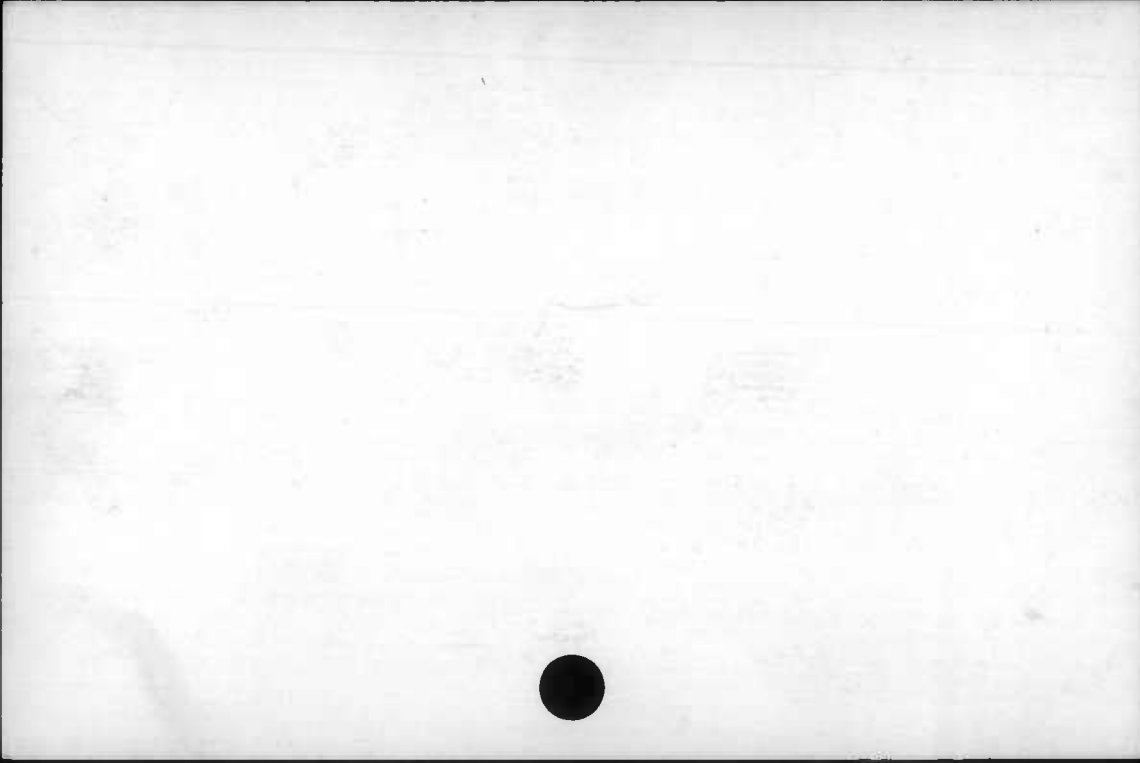
~~30~~ days.Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Kennard
708 E. Main St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Harrod

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Woodockville		a-a-		County		MARYLAND	
Date of death		1909		Aug.		5		Age 25.	
Sex		Female		Color or Race		Colord		Birth-place Virginia	
Occupation		Domestic		Where Reaiding if not at place of death		Woodockville Md.			
Married, Single or Widowed		Married		Name of Wife or Huaband		Andrew Harrod			
Father's Name		unknown		Father's Birthplace		unknown			
Mother's Maiden Name		unknown		Mother's Birthplace		unknown			
Name of person giving Information		Andrew Harrod		How related to deceased		Husband.			

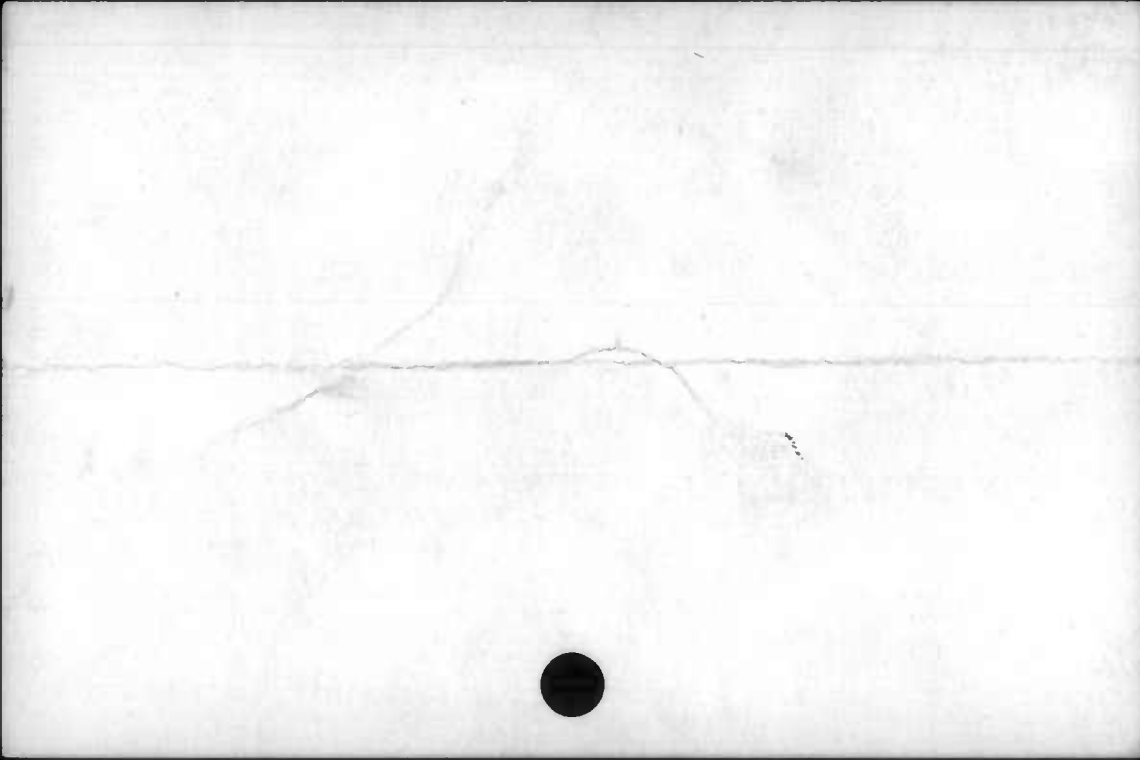
CAUSES OF DEATH

106

Primary	Inflammation - pneumonia	How long	5 days
Immediate	Cerebral apoplexy	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. J. H. H. H. H.	
		Address	
		708 E. Main St	

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William Hotbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at So. Balto ^{Town} a ^{County} a ^{MARYLAND}

Date of death 1909 Aug 28 ^{Month} 28 ^{Day} 1 ^{Years} 1 ^{Months} 26 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} So Balto.

Occupation — ^{Where Residing if not at place of death} —

Married, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name George W Hotbeck ^{Father's Birthplace} Balto. Md.

Mother's Maiden Name Annie M. Brauntart ^{Mother's Birthplace} Germany

Name of person giving information Annie M Hotbeck ^{How related to deceased} Mother

CAUSES OF DEATH

Primary Marasmus ^{How long} 90 days

Immediate Heart Failure ^{How long} 2 days

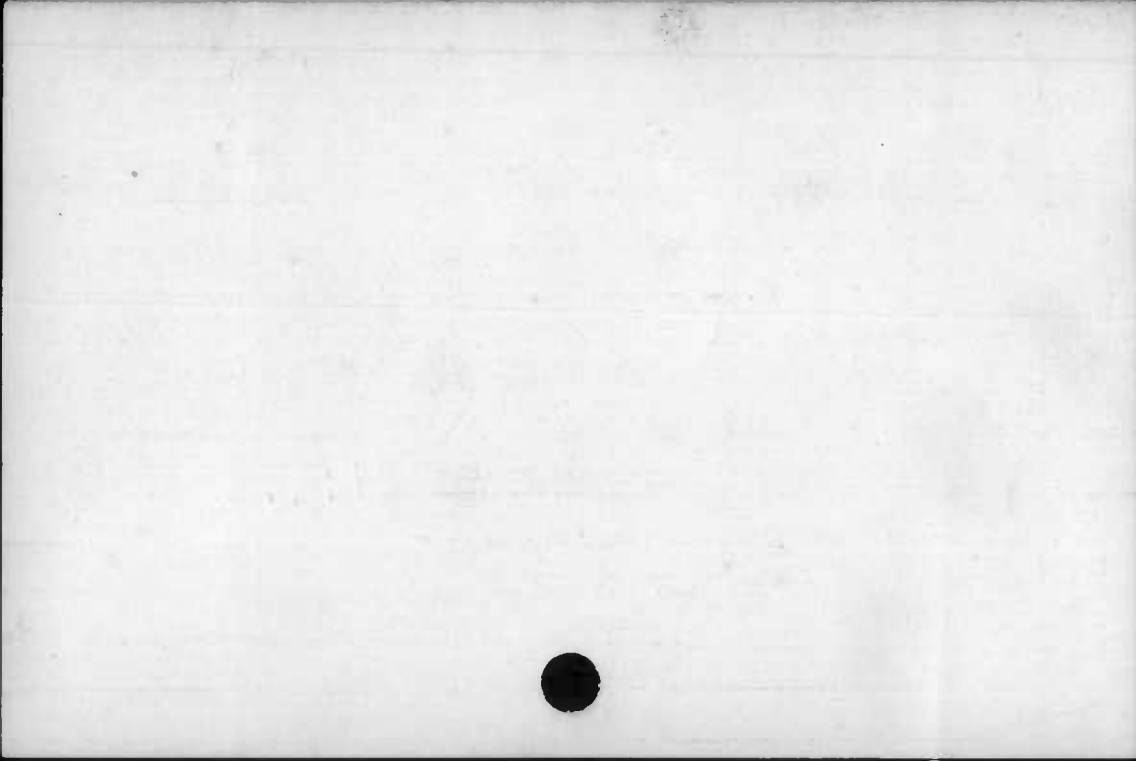
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry J. Insley
1616 E. Baltimore St

Accident or Suicide?



Name
in
Full

Emma Jane Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

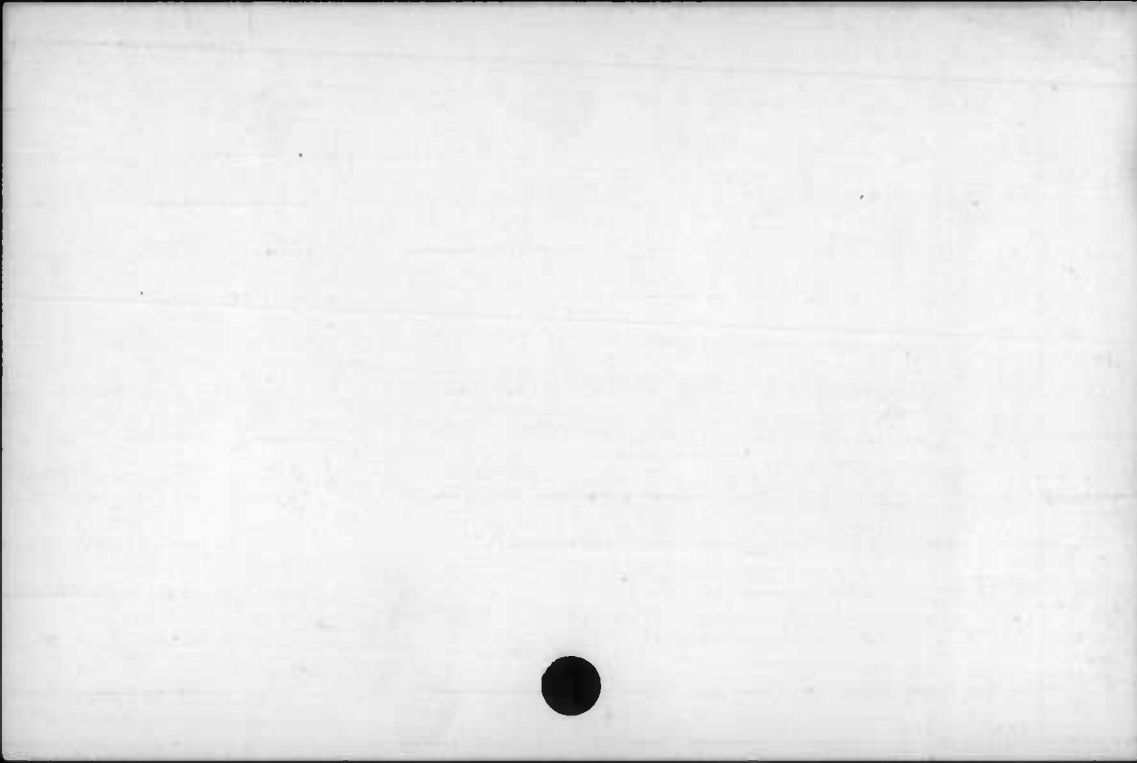
Died at ^{Town} Churchton		^{County} Anne Arundel		MARYLAND	
Date of death	1909	Month	Aug.	Day	20
Age	33	Years	4	Months	8
Sex	Female	Color or Race	Colored	Birth-place	Baltimore, Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Daryl M. Hutton		
Father's Name	Aron Brewer Benton		Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Mary Catherine Keri		Mother's Birthplace	Baltimore, Md.	
Name of person giving information	Daryl M. Hutton		How related to deceased	Husband.	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency	How long	2 years +
Immediate	Mitral Insufficiency	How long	1/2 hour.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. P. W. Wilson
		Address	Churchton, Md.
Accident or Suicide?			



Name - in Full		Grace O. Jacobs				CERTIFICATE OF DEATH	
Died at		Town Millersville		County A. A.		MARYLAND	
Date of death		1909 Aug. 15		Age		Months 4 Days 23	
Sex		Female		Color or Race		B	
Occupation		house		Birth-place		A. A. Cooky	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm. Jacobs		Father's Birthplace		Washington	
Mother's Maiden Name		Luz Mackgee		Mother's Birthplace		A. J. Eg-	
Name of person giving Information		Wm. Jacobs		How related to deceased		Halter	
CAUSES OF DEATH							
Primary		Enterocolitis				How long 104	
Immediate						How long 3 wks -	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		H. B. Gant	
				Address		Millersville	
Accident or Suicide							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

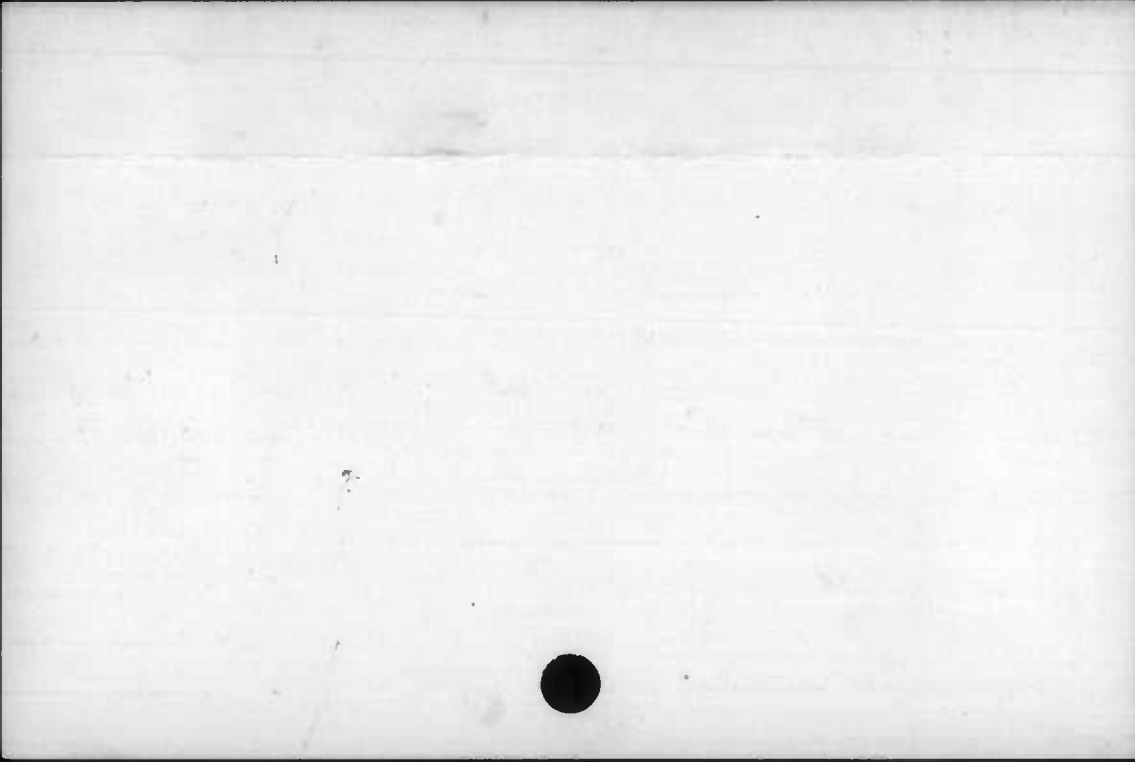
Died at <u>Lothian</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug</u>	Day <u>21</u>	Age <u>28</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>A.A.Co., Md.</u>		
Occupation <u>House girl</u>	Where Residing if not at place of death <u>Lothian</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Moses Johnson</u>	Father's Birthplace <u>A.A.Co., Md.</u>				
Mother's Maiden Name <u>Sophia Griffith</u>	Mother's Birthplace <u>Calvert Co., Md.</u>				
Name of person giving information <u>John W. Eunis</u>	How related to deceased				

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <u>Parturition</u>	How long <u>8 days</u>
Immediate <u>Embolus (brain)</u>	How long <u>1 Minute</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Maxwell Cawood M.D.</u>
	Address <u>West River</u>
Accident or Suicide?	



Name
in
Full

Mary Ann. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jacobsville</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>Aug</i>	Day <i>11</i>	Age <i>52</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laron King</i>				
Father's Name <i>Thomas Westley Stinchcomb</i>	Father's Birthplace <i>Anne Arundel Co.</i>				
Mother's Maiden Name <i>Ann Rebecca Chard</i>	Mother's Birthplace <i>Anne Arundel Co.</i>				
Name of person giving Information <i>Laron King</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 years -</i>
Immediate <i>Hemorrhage from the Lungs</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingsley M.D.</i>
	Address <i>Chorton R. F.D. #1</i>
Accident or Suicide <i>No</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertie May Knight

Died at *Adenton* Town *Q. A.* County

MARYLAND

Date of death *1909 Aug. 16* Age *7* Months *7* DaysSex *Female* Color or Race *W* Birthplace *Adenton Md*Occupation *None -* Where Residing if not at place of death *"*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Bennis Knight*Father's Birthplace *Q. A. Co. Md*Mother's Maiden Name *Clara Hood*Mother's Birthplace *Q. A. Co. Md*Name of person giving Information *Bennis Knight*How related to deceased *Sister*

CAUSES OF DEATH

Primary *Enterocolitis*How long *104* *3 wks -*Immediate *Sphincters*How long *-*Are the name, age, sex, color, data and place correctly given above? *yes -*

Signature of Physician

H. B. Gault
Address *Memphis*Accident or Suicide *-*



Name
in
Full

Henry Kooss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

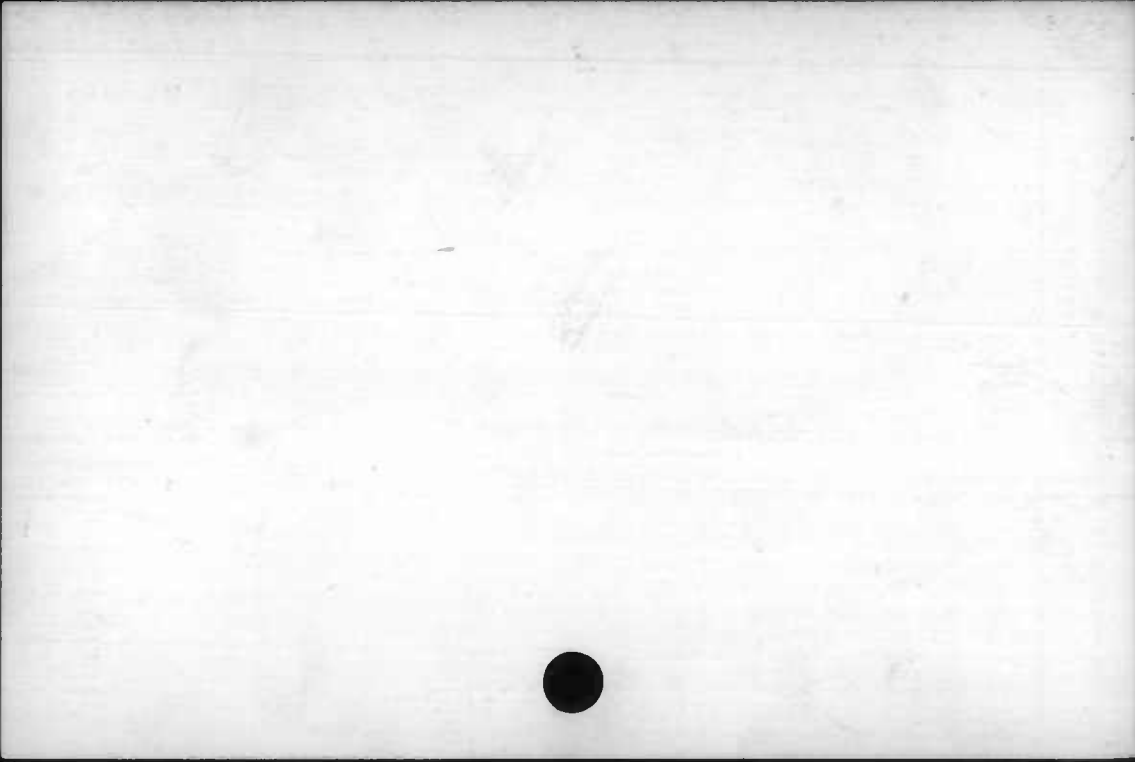
Died at <u>Brooklyn</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month} <u>Aug</u> ^{Day} <u>1</u>	Age	<u>49</u> ^{Years}	<u>5</u> ^{Months}	<u>23</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>State New York</u>
Occupation	<u>Car Builder</u>	Where Residing if not at place of death	<u>Patapsco Ave</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			
Father's Name	<u>Not Known</u>			Father's Birthplace	<u>Not Known</u>
Mother's Maiden Name	<u>"</u>			Mother's Birthplace	<u>"</u>
Name of person giving Information	<u>Annie L Kooss</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<u>Hepatic Cirrhosis</u>	How long	<u>about 1 year.</u>
Immediate	<u>Exhaustion</u>	How long	<u>4 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo. Heller M.D.</u>	
		Address <u>1937 Gough St Baltimore</u>	
Accident or Suicida			



Name
in
Full

Catherine Kopee

CERTIFICATE OF DEATH

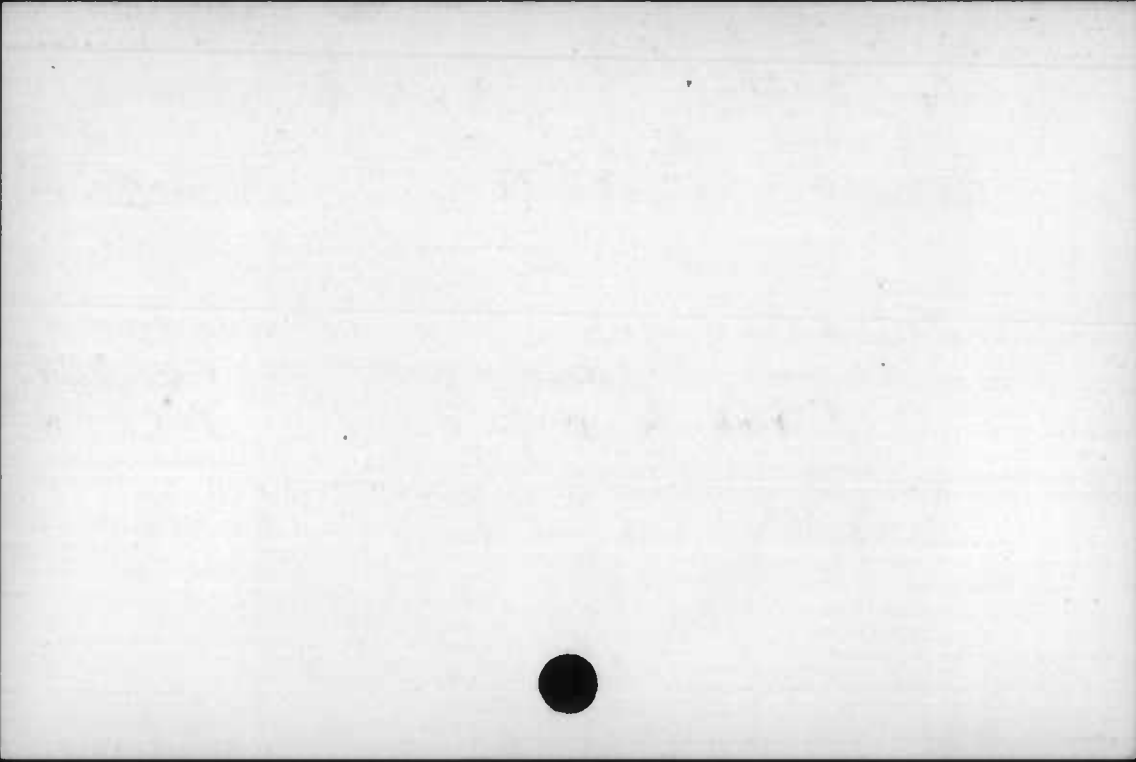
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Balto</i> ^{Town}		<i>MD</i> ^{County}		MARYLAND	
Date of death	<i>1909 Aug</i> ^{Month}	<i>11</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>1</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>—</i>		Birth-place	<i>So. Balto. Md</i>	
Married, Single or Widowed <i>—</i>			Where Residing if not at place of death <i>—</i>		
Father's Name <i>Frank Kopee</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Mary Trardoroka</i>			Mother's Birthplace <i>Austria</i>		
Name of person giving information <i>Frank Kopee</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	<i>151</i> ^{How long}	<i>Lived one day</i> ^{How long}
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. B. Horton M.D.</i>
		Address	<i>So. Balto, Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rosie Kopec

Died at *So. Balto*

Town

A. C.

County

MARYLAND

Date

of death

1909 Aug

Month

Day

27

Age

Years

Months

Days

16

Sex

*Female*Color or
Race*White*Birth-
place*So. Balto. Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Frank Kopec*Father's
Birthplace*Austria*Mother's
Maiden Name*Mary Trardorska*Mother's
Birthplace*Austria*Name of person giving
Information*Frank Kopec*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Infantile Convulsions

How long

one hour

Immediate

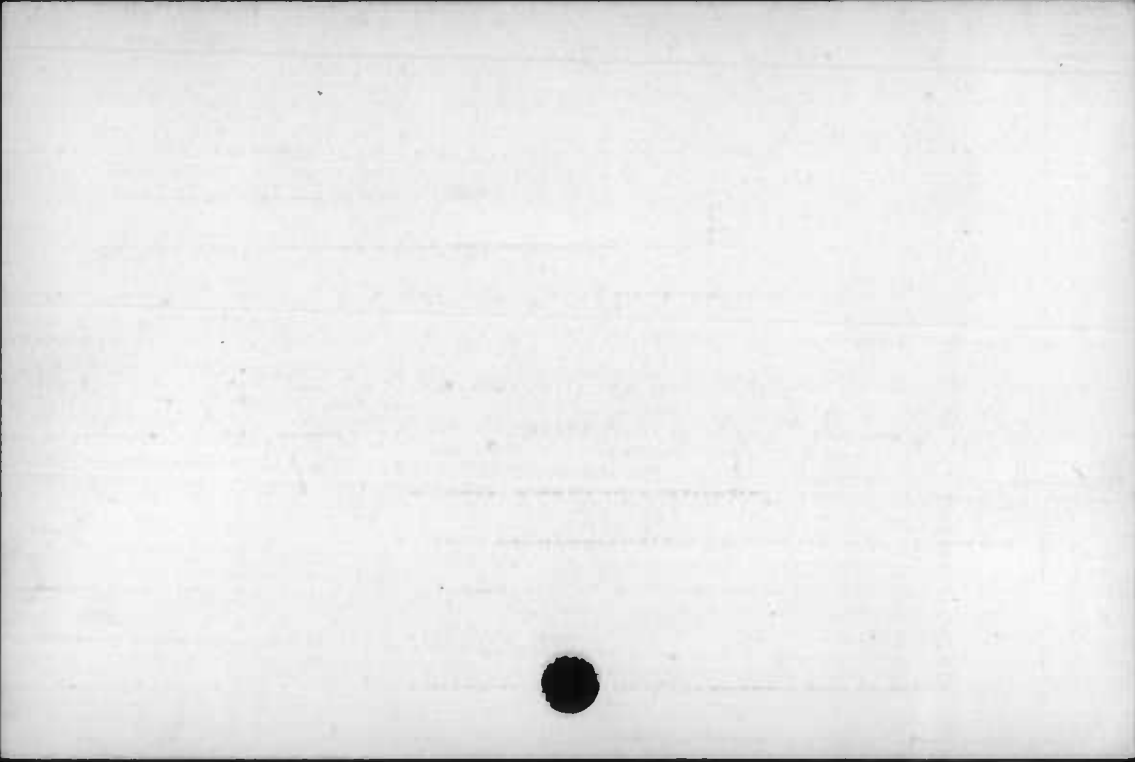
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. B. Norton M.D.*

Address

So. Balto. Md -

Accident or Suicide?



Name
in
Full

Franklin Leitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Tracy Town A A County

Date of death 1909 Aug 21 Age 59 Month Day Years Months Days

Sex Male Color or Race White Birth-place Friendship

Occupation Merchant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Benjamin Leitch

Father's Birthplace Md

Mother's Maiden Name Charlotte Ford

Mother's Birthplace Md

Name of person giving Information Mary Leitch

How related to deceased Sister in law

CAUSES OF DEATH

44

Primary Cancer of Neck and Face
Heart Exhaustion

How long One year
How long 24 Hours

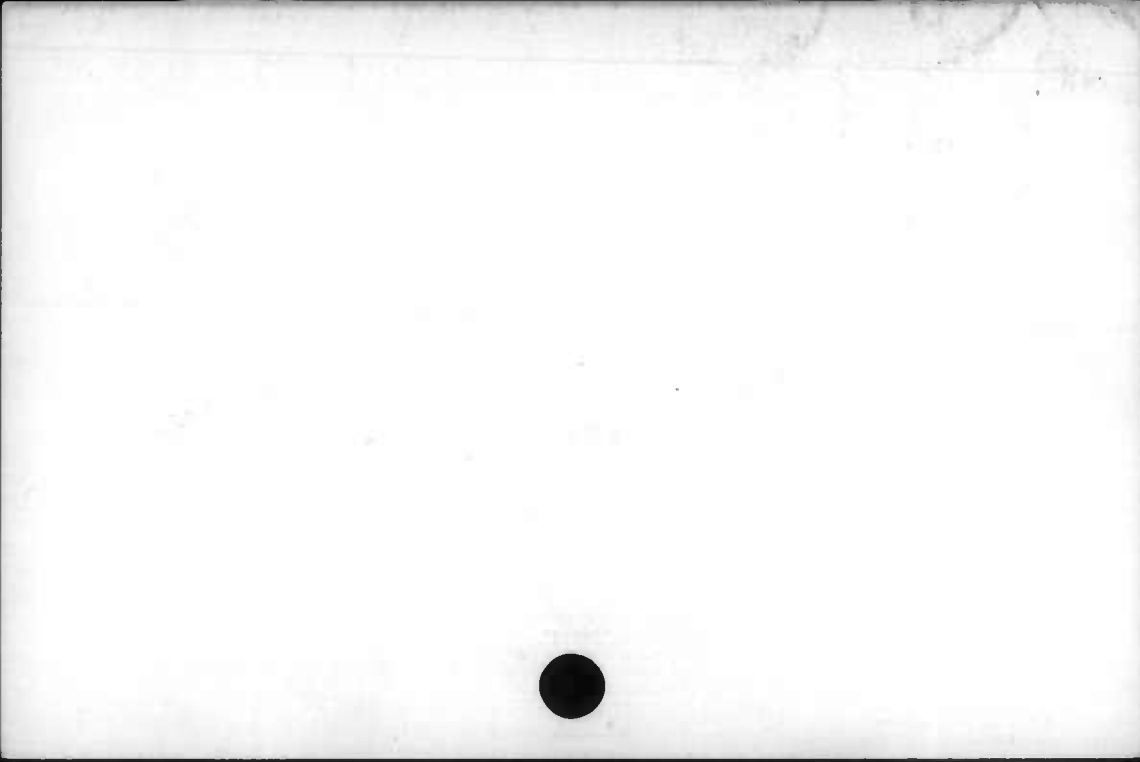
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. B. Brayshaw

Address Friendship Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Clarence MacKall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Jacobsville* ^{County} *Anne Arundel* **MARYLAND**

Date of death ^{Month} *Aug* ^{Day} *30* ^{Years} *4* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Colored* Birth-place *A. A. Co.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Andrew MacKall*

Father's Birthplace *A. A. Co.*

Mother's Maiden Name *Henrietta Culbertson*

Mother's Birthplace *St. Mary's Co.*

Name of person giving Information *Jerry Osborne*

How related to deceased *Friend*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion*

How long *12 hours*

Immediate *Heart Failure*

How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

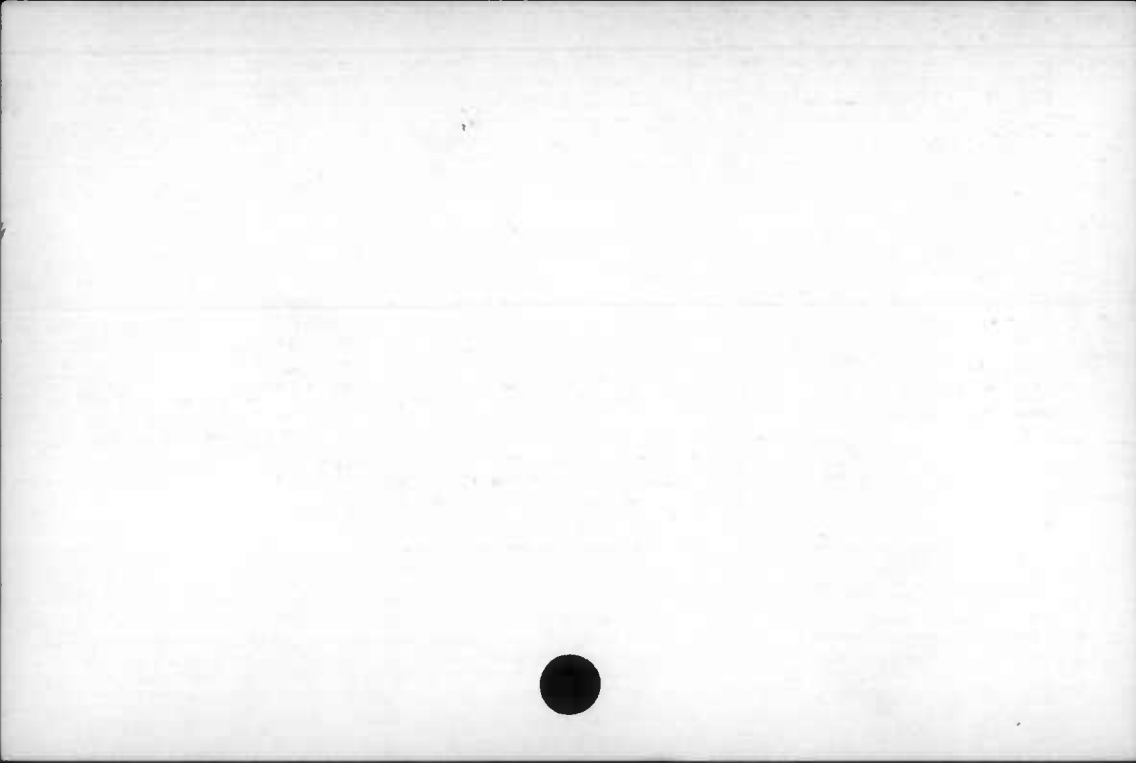
Signature of Physician

Address

James S. Bellingsley, M.D.
Sub registrar 3rd dist A. A. Co.

Accident or Suicide *No*

ma



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

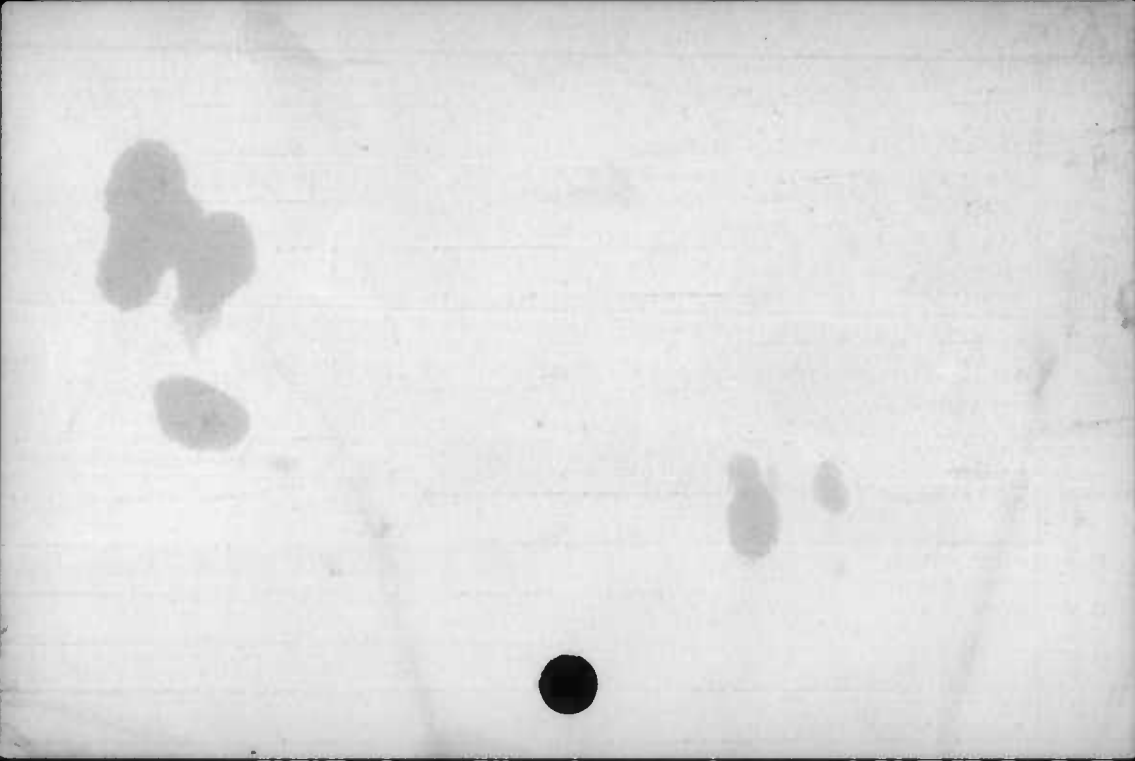
Died at		Town		County		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1909		Aug		13		Age		67			
Sex		Color or Race		Birth-place							
male		White		Brooklyn							
Occupation		Where Residing if not at place of death									
Policeman		Westamab's									
Married, Single or Widowed		Name of Wife or Husband									
married		Emma F. McPherson									
Father's Name		Father's Birthplace									
John. G. McPherson.		Dont know									
Mother's Maiden Name		Mother's Birthplace									
Elizabeth		Dont know									
Name of person giving information		How related to deceased									
W. F. Quitt		None									

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	Carcinoma of Bowel	How long	6 months?
Immediate	Asthenia	How long	2 or 3 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		Address	
Accident or Suicide?		Address	
No		Md	



Name
in
Full

Mary Elizabeth Mallet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robertson</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Aug.</i>		Day <i>7</i>		Age <i>-</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>					
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Mallet</i>				Father's Birthplace <i>Anne Arundel Co.</i>					
Mother's Maiden Name <i>Elizabeth Hanson</i>				Mother's Birthplace <i>Anne Arundel Co.</i>					
Name of person giving Information <i>Samuel Mallet</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

Primary	<i>Cholera Infantum</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Billingsha M.D.</i>	
		Address <i>Elmerton R.F.D. #1</i>	
Accident or Suicide <i>No</i>		<i>Mid</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Herbert Martin
Town *Annapolis* County *A*

MARYLAND

Died at *Annapolis* Month *Aug* Day *4* Years *—* Months *—* Days *14*

Date of death *1909 Aug 4*

Age *—*

Sex *male*

Color or Race *White*

Birth-place *Annapolis*

Occupation *none*

Where Residing if not at place of death

Married, Single or Widowed *single*

Nama of Wife or Husband *none*

Father's Name *Roy E Martin*

Father's Birthplace *Baltimore Md*

Mother's Maiden Name *Mary E Mitchell*

Mother's Birthplace *Annapolis Md*

Name of person giving Information *Mary E Martin*

How related to deceased *Mother*

CAUSES OF DEATH

92

Primary *Probably Capillary Bronchitis*

How long *one week*

Immadiata *Asthenia*

How long

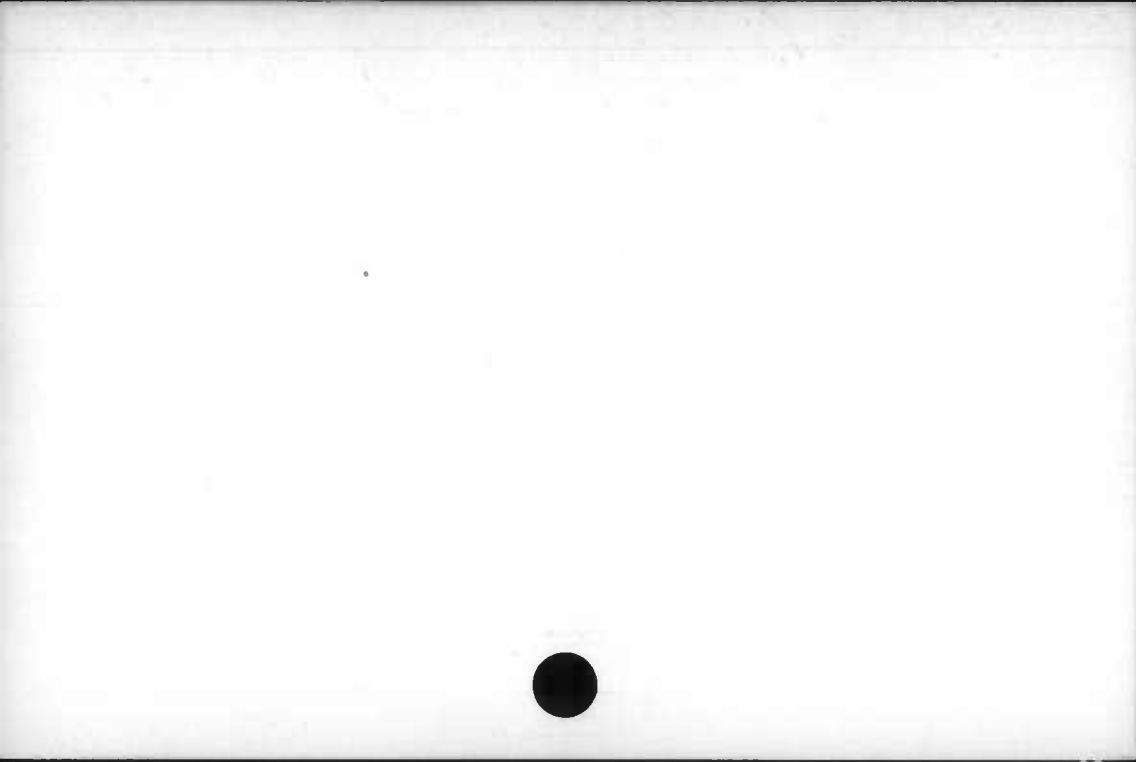
Are the nama, aga, sax, color, date and pleca correctly given ebova? *yes*

Signature of Physician *Wm S Welch, Health Officer*

Address *Annapolis*

Accident or Suicida *—*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

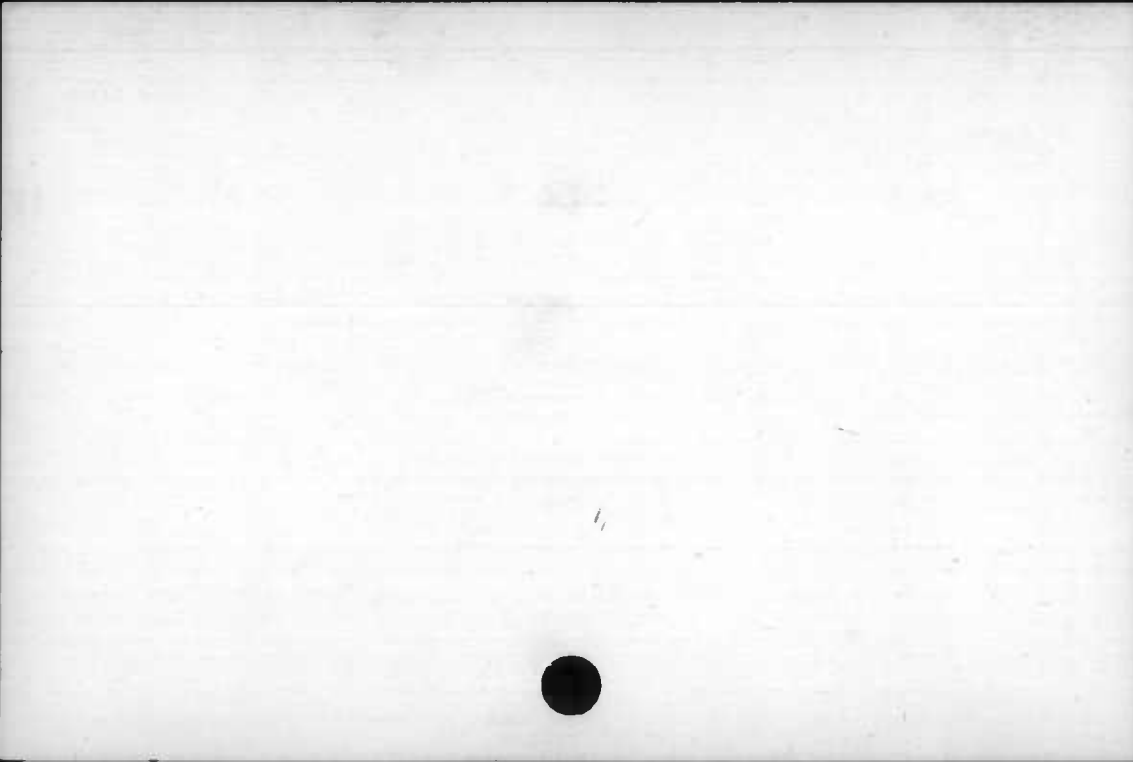
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Matthews</i>		Town <i>Shady Side</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Shady Side</i>		Month <i>Aug.</i>		Day <i>8th</i>		Years <i>40</i>	
Date of death <i>1909</i>		Month <i>Aug.</i>		Day <i>8th</i>		Years <i>40</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Anne Arundel Co.</i>		Months <i>6</i>	
Occupation <i>Black Smith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia Smith</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Harriett Matthews</i>		Mother's Birthplace <i>A. A. Co Md</i>					
Name of person giving Information <i>John H. Matthews</i>		How related to deceased <i>2nd Cousin</i>					
CAUSES OF DEATH							

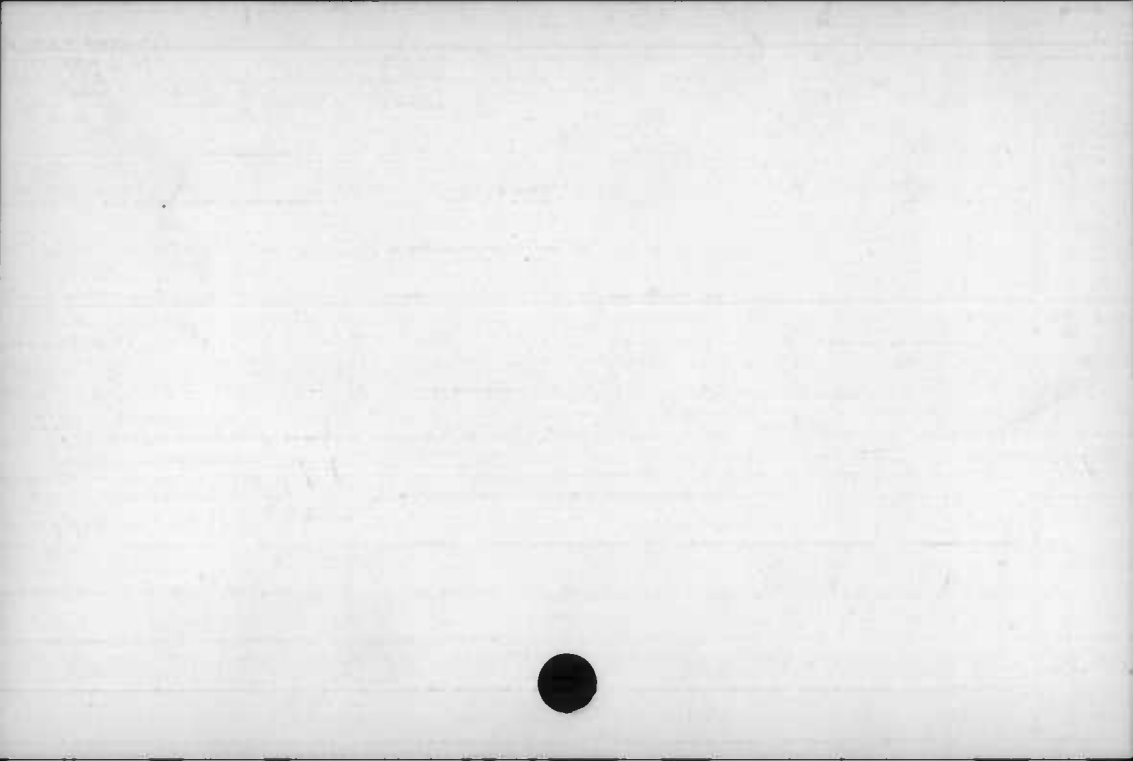
112

PHYSICIAN
OR CORONER

Primary <i>General Arterio-Sclerosis - Binswanger's Disease</i>		How long <i>1 year</i>	
Immediate <i>Exhaustion</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>P. R. W. Wilson</i>	
		Address <i>B. Lurichton, Md.</i>	
Accident or Suicide			



Name in Full		Frances E. Matyisch				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Baltimore		County Anne Arundel	
		Date of death		1909 Aug 17 th		Age 8 Months 28 Days	
		Sex		Female		Color or Race White	
		Occupation				Birth-place So. Baltimore	
						Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		George Matyisch		Father's Birthplace Unknown	
		Mother's Maiden Name		Pauline Tabber		Mother's Birthplace Germany	
		Name of person giving information		Pauline Matyisch		How related to deceased Mother	
10		CAUSES OF DEATH				179	
PHYSICIAN OR CORONER		Primary		Maraemus		How long one month	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
						Address	
		Accident or Suicide?				So. Balto. Md.	



Name
in
Full

Edward W. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909 Aug 18</i>		Age <i>1</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis, Md.</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Annapolis, Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>David W. Miller</i>		Father's Birthplace <i>Annapolis, Md.</i>			
Mother's Maiden Name <i>Blanche Jones</i>		Mother's Birthplace <i>2nd Dist. Cal. Co.</i>			
Name of person giving Information <i>David W. Miller</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

102

Primary	<i>Acute Gastro - Enteritis</i>	How long	<i>5 days.</i>
Immediate	<i>Convulsions</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis B. Deuker</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide	<i>Neither</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

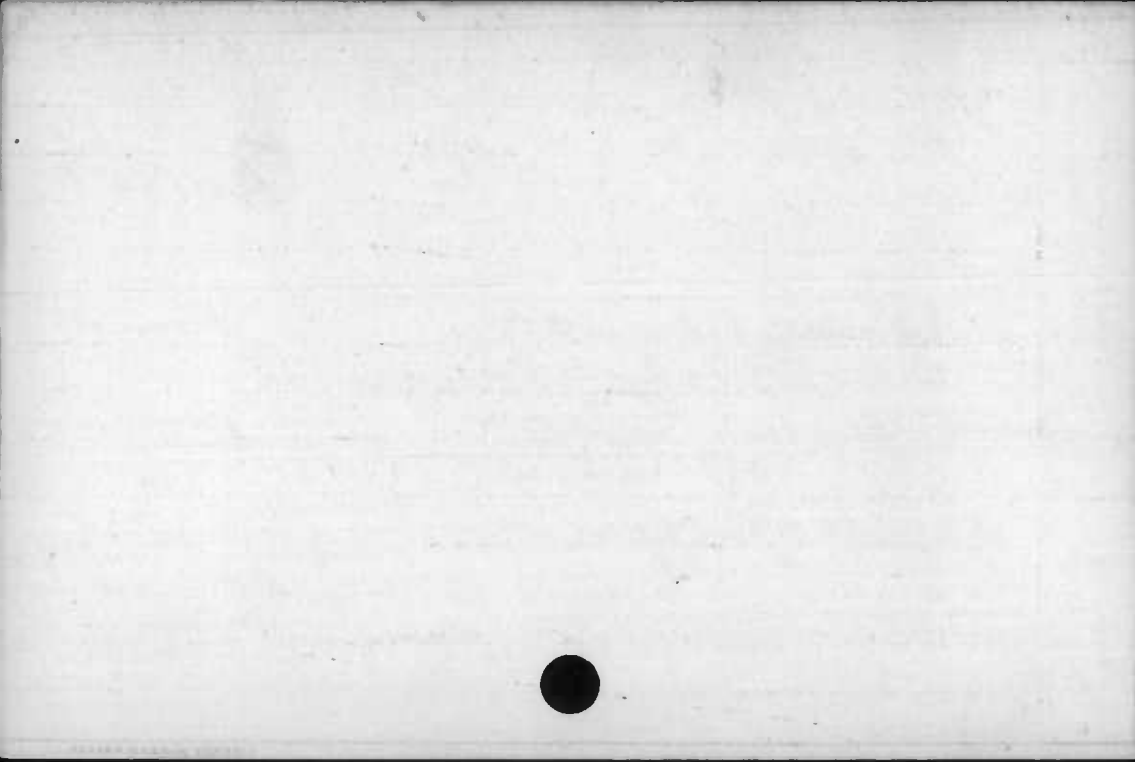
Died <i>near Haiman</i> Town <i>Aden</i> County <i>Anne Arundel</i> MARYLAND	
Date of death <i>1909 August 7</i>	Age <i>7</i> Years <i>7</i> Months <i>7</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i> Birthplace <i>A T Co Md</i>
Occupation	Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband
Father's Name <i>Robert Oden</i>	Father's Birthplace <i>A T Co Md</i>
Mother's Maiden Name <i>Mabel Cook</i>	Mother's Birthplace <i>A T Co Md</i>
Name of person giving information <i>Edmond M. Muddel</i>	How related to deceased <i>Grandmother</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inadequate - want of stimulation of food</i>	How long <i>7 days</i>
Immediate <i>febrile</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. N. Wintersmith</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Era. T. Ragucki

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *So Balti* ^{Town} *A* ^{County}
 Date of death *1909* ^{Month} *Aug* ^{Day} *6* ^{Age} *2* ^{Years} *1* ^{Months} *21* ^{Days}
 Sex *Female* Color or Race *white* Birth-place *So Balti*
 Occupation *L* Where Residing if not at place of death *L*

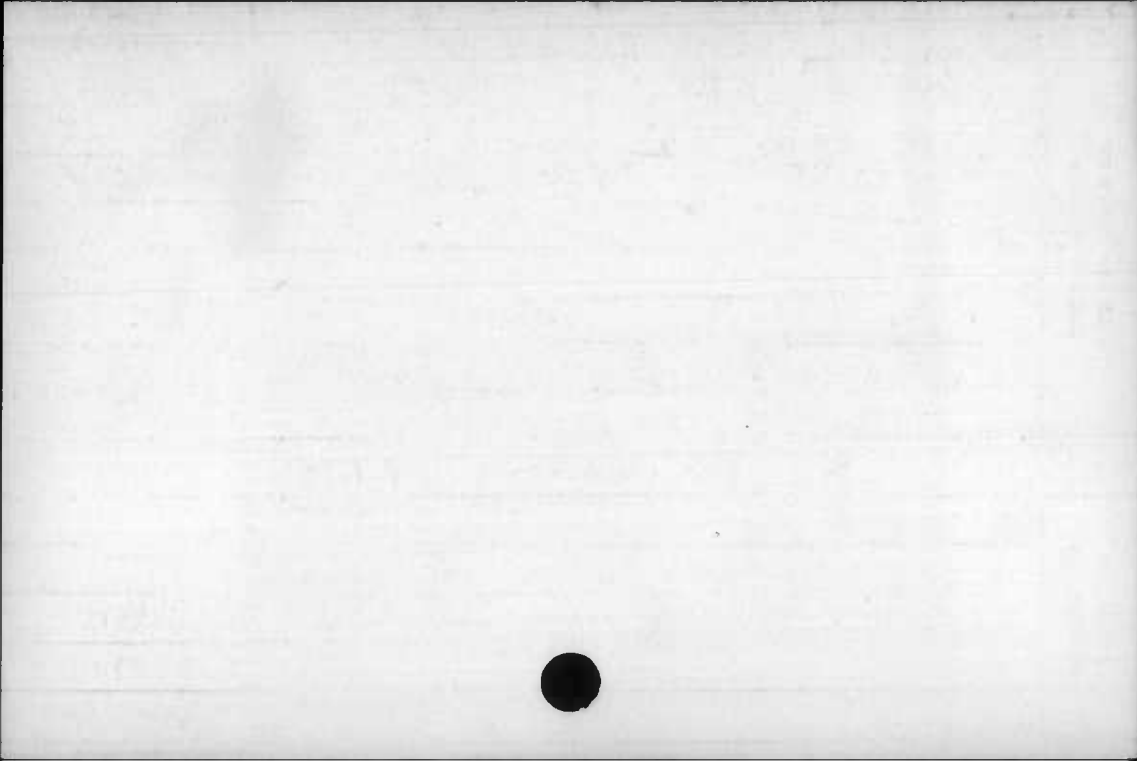
Married, Single or Widowed *L* Name of Wife or Husband *L*
 Father's Name *Ignac Ragucki* Father's Birthplace *Poland*
 Mother's Maiden Name *Annie Jacques Kouski* Mother's Birthplace *" "*
 Name of person giving information *Annie Ragucki* How related to deceased *mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro Enteritis* How long *one week*
 Immediate
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Thos. B. Horton M.D.*
 Address *So. Balty, Md.*
 Accident or Suicide?



Name
in
Full

Mellie E. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Solley ^{Town} a. a. ^{County} MARYLAND
Date of death 1909 Aug 23 ^{Month} 23 ^{Day} 5 ^{Years} 5 ^{Months} 3 ^{Days}
Sex Male Color or Race white Birth-place Solley, Md
Occupation _____ Where Residing if not at place of death _____

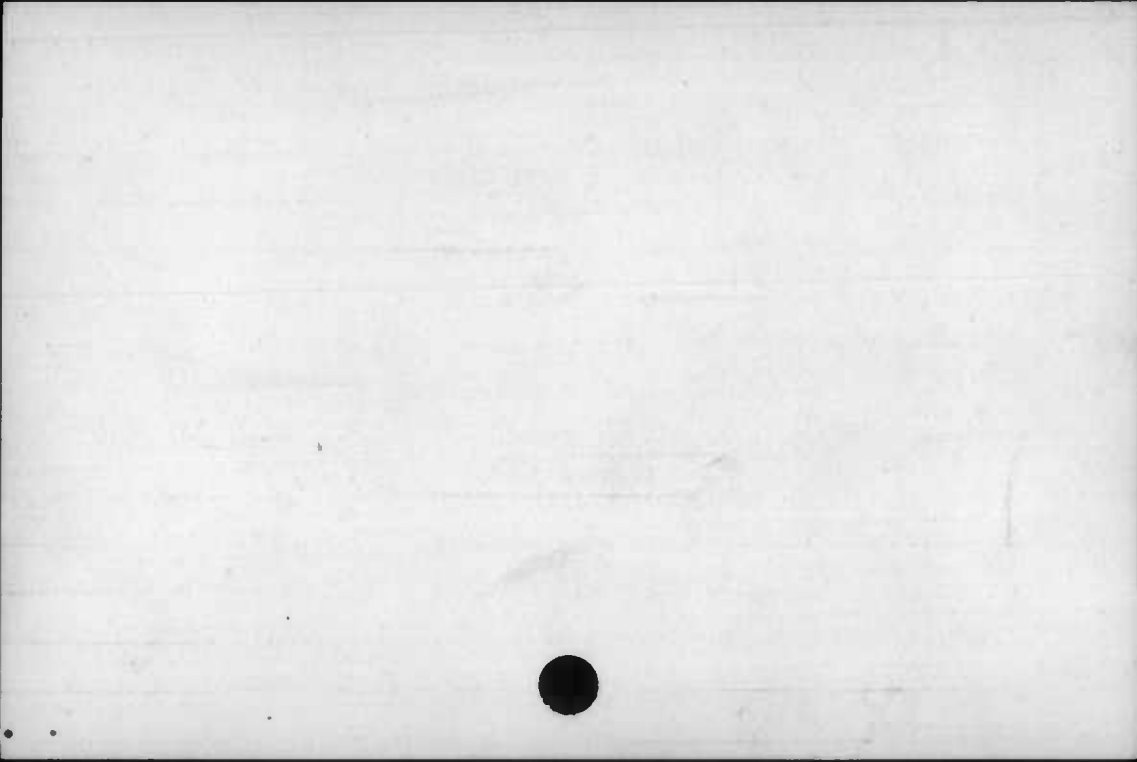
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Grafton G. Robinson Father's Birthplace Antio Md
Mother's Maiden Name Mellie Poff Mother's Birthplace Md
Name of person giving information Grafton G. Robinson How related to deceased Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Marasmus How long 3 months
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Thos. B. Horton Md
Address So. Balto, Md.
Accident or Suicide? _____



Name
in
Full

Mary Louise Saeeders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County Anne Arundel		MARYLAND	
Date of death		Month 1909	Day Aug. 23	Age 5-9		Months 8	Days 21
Sex Female		Color or Race White		Birth- place Essex Co.			
Occupation Housewife		Where Residing if not at place of death -					
Married, Single or Widowed Widow		Name of Wife or Husband John Saunders					
Father's Name Wm Falkner		Father's Birthplace Va					
Mother's Maiden Name Mary L.		Mother's Birthplace Va					
Name of person giving In formation Luther N. Saunders		How related to deceased Son					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Myocarditis		How long	—
Immediate	Acute cardiac dilatation & edema of lungs		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Gloria Pollack	
			Address 315 Professional Bldg.	
Accident or Suicide?				



Name
in
Full

Bertha Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Annapolis Town A. A. County

Date of death 1909 Aug 4 Age 4 Months 4 Days 2

Sex Female Color or Race Colored Birth-place Annapolis

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John Sims

Father's Birthplace Annapolis Md

Mother's Maiden Name Mary Miller

Mother's Birthplace A. A. Md

Name of person giving Information Mary Sims

How related to deceased Mother

CAUSES OF DEATH

Primary Congenital debility

How long 4 m 2 de.

Immediate Exhaustion

How long One week

Are the name, age, sex, color, date and place correctly given above? yes

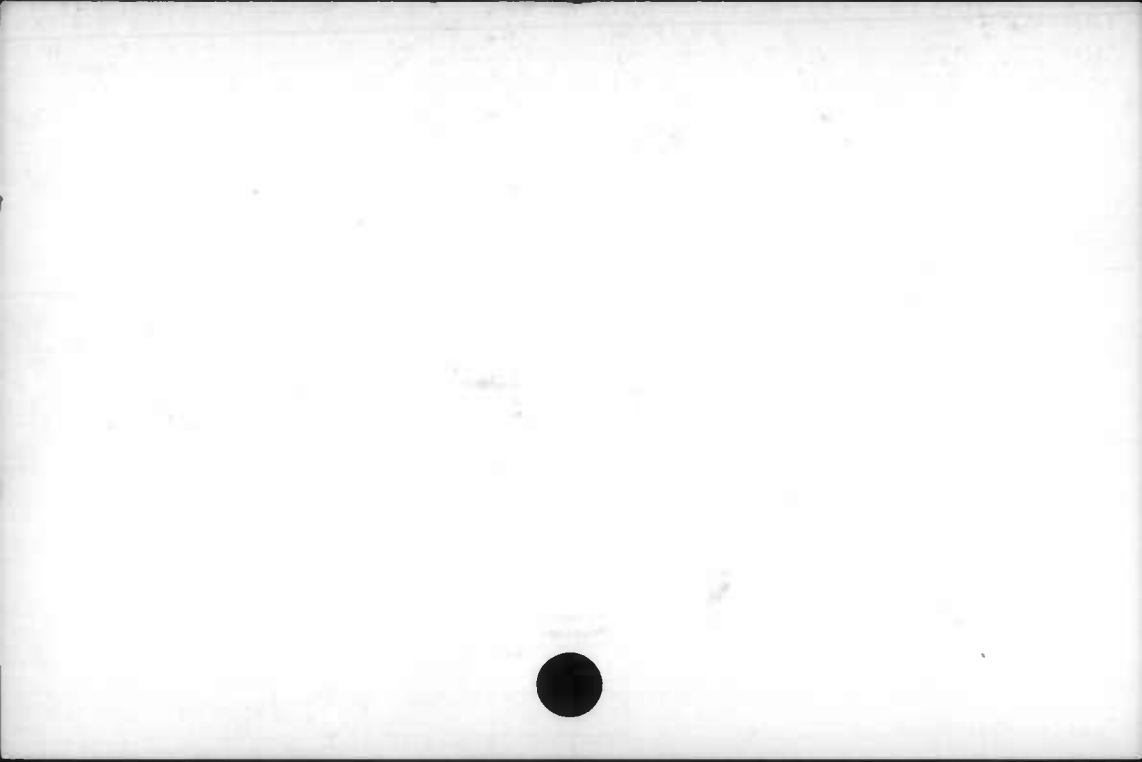
Signature of Physician

Address

P. D. Decker
616 The Drafts
Annapolis

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

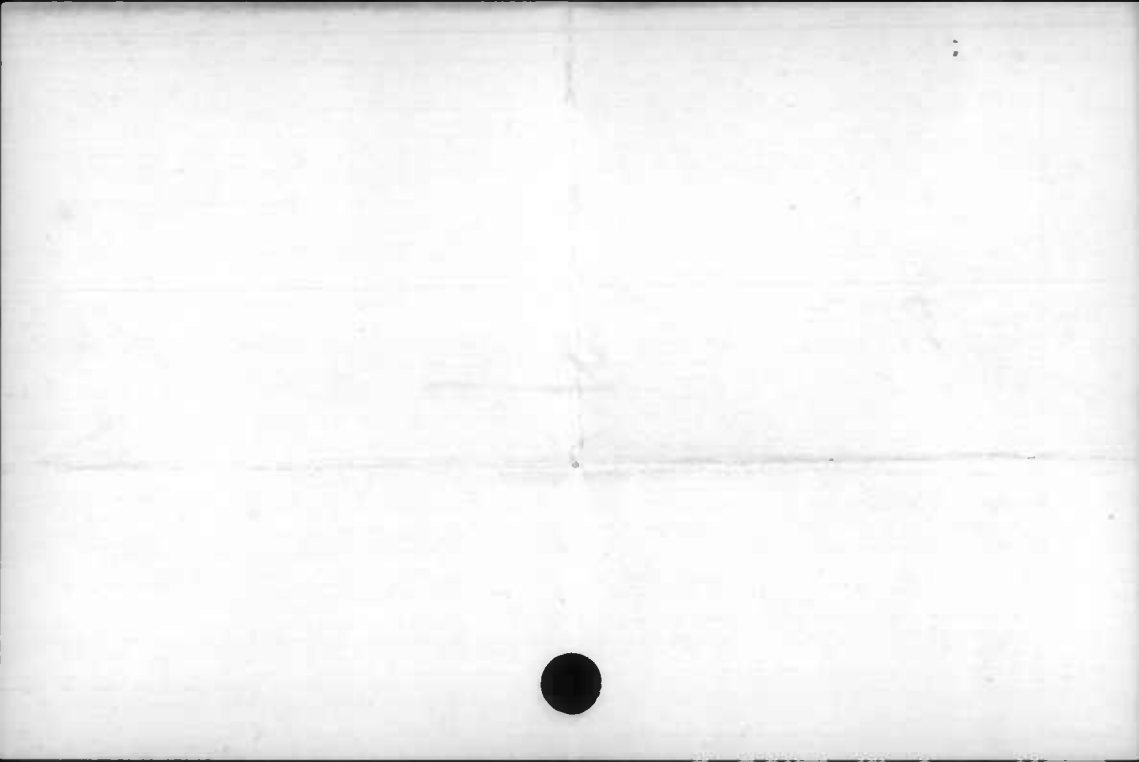
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davidsonville</i>		Town <i>Davidsonville</i>		County <i>A. A.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>August</i>		Day <i>10</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Davidsonville</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Wm Smith</i>				Father's Birthplace <i>Davidsonville</i>			
Mother's Maiden Name <i>Henry</i>				Mother's Birthplace <i>Salisbury</i>			
Names of person giving Information <i>Wm Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>		How long <i>Unknown</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. R. Davidson</i>	
		Address <i>Davidsonville MD</i>	
Accident or Suicide <i></i>			



Name
in
Full

Hinrada
Town

Smith
County

CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis*

Date

of death 1909 Aug

Day

19

Years

Age

2

Months

2

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Moses Smith

Father's
Birthplace

New Port R. I.

Mother's
Maiden Name

Josephine Cornish

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Josephine Smith

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

*Marasmus
Exhaustion*

How long

Since Birth

Immediats

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*Gradual
John McIntosh
Annapolis
Md*

Accident or Suicides

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Baby Snowden* Town *Camp Parole* County *aa Co*

Died at *Camp Parole* Maryland

Date of death 190*9* Month *Aug* Day *5* Age *4 months 4* Years Months Days

Sex *Boy* Color or Race *colored* Birth-place *Camp Parole*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James H. Snowden* Father's Birthplace *P. F. Co*

Mother's Maiden Name *Janie Parker* Mother's Birthplace *aa Co*

Name of person giving Information *Father* How related to deceased _____

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

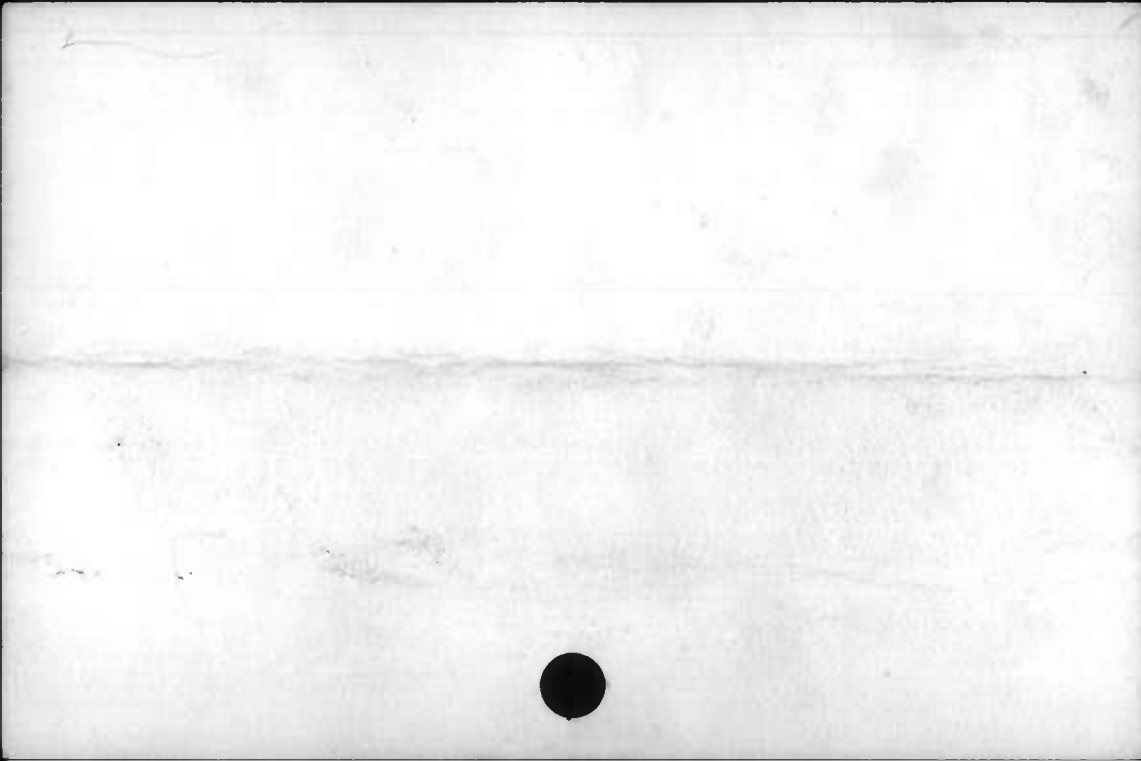
Primary *S. amnesia* How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *John H. Davis* Address *Coroner*

Accident or Suicide _____ *Annapolis MD*



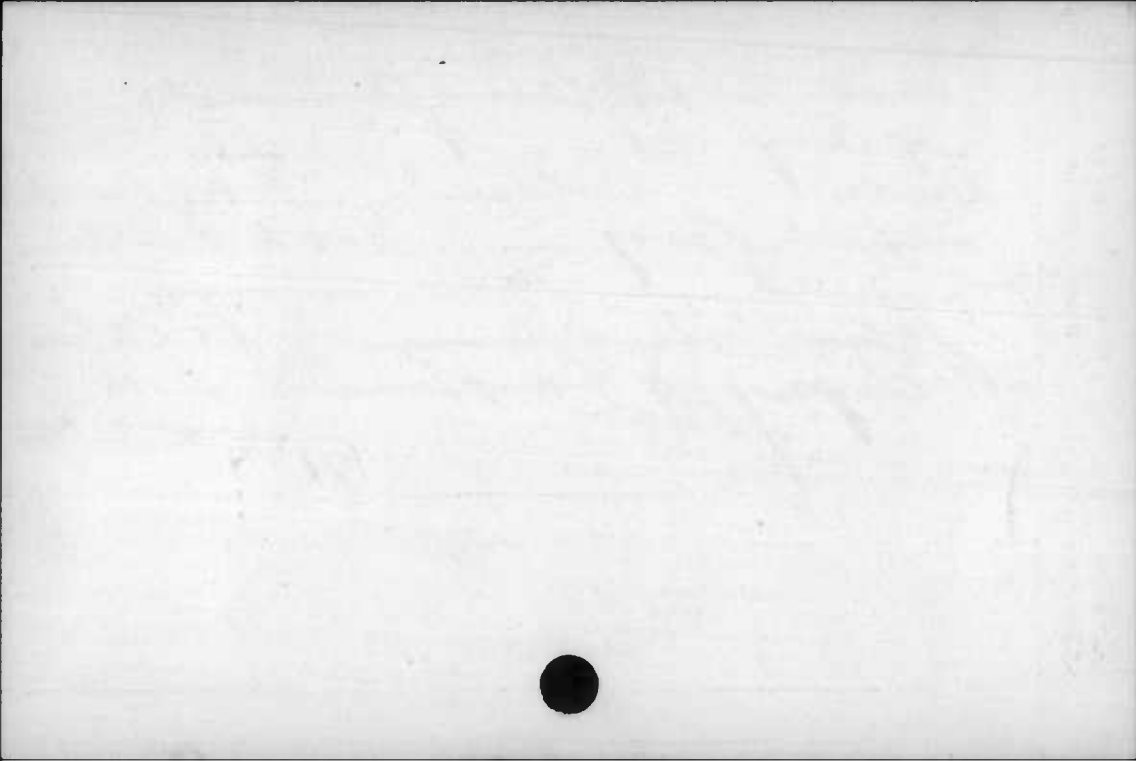
Name in Full		Certificate of Death			
James Dalrymple Thurlow		MARYLAND			
Died at Waterbury		County 2-2-			
Date of death 1909		Month Aug	Day 10	Years	Months 10
Age 27		Sex Male		Color or Race White	Birth-place
Occupation		Where Residing if not at place of death Waterbury			
Married, Single or Widowed		Name of Wife or Husband Samuel + Sula Thurlow			
Father's Name Samuel Thurlow		Father's Birthplace England			
Mother's Maiden Name Sula B. James		Mother's Birthplace Texas			
Name of person giving Information S. Thurlow		How related to deceased Father			
CAUSES OF DEATH					
Primary		Cerebral haemorrhage		How long 2 days	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. B. Gault M.D.	
				Address Thellmoor	
Accident or Suicide					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

15-

Name in Full		Lillian E. Travers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Curtis Bay		County a. a.	
		Date of death		1909		Maryland	
		Month		July		Days	
		Day		27		Age	
		Years		18		Months	
		Birth-place		Balto. Md.		Days	
Sex		Female		Color or Race		White	
Occupation		House work		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Thomas Travers		Father's Birthplace		Balto. Md.	
Mother's Maiden Name		Lucinda Moon		Mother's Birthplace		Balto. Md.	
Name of person giving information		John Ferguson		How related to deceased		Step Father.	
13 (Burn by fire)		CAUSES OF DEATH		167		Lied	
PHYSICIAN OR CORONER		Primary		Accidentally burned to death		How long 17 hours	
		Immediate		Burned from neck to feet.		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Thos. B. Horton M.D.	
				Address		So. Balto, Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas D. Turner

Town *East Port* County *Anne Arundel* MARYLAND

Died at *East Port*

Date of death 190*9* *Aug* *20* Age *9* Months *3* Days

Sex *Male* Color or Race *Coloured* Birth-place *East Port*

Occupation *School Boy* Where Residing if not at place of death *East Port*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John Turner* Father's Birthplace *A.A.*

Mother's Maiden Name *Elsie D. Parker* Mother's Birthplace *" "*

Name of person giving Information *John* How related to deceased *172* X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accidental drowning*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

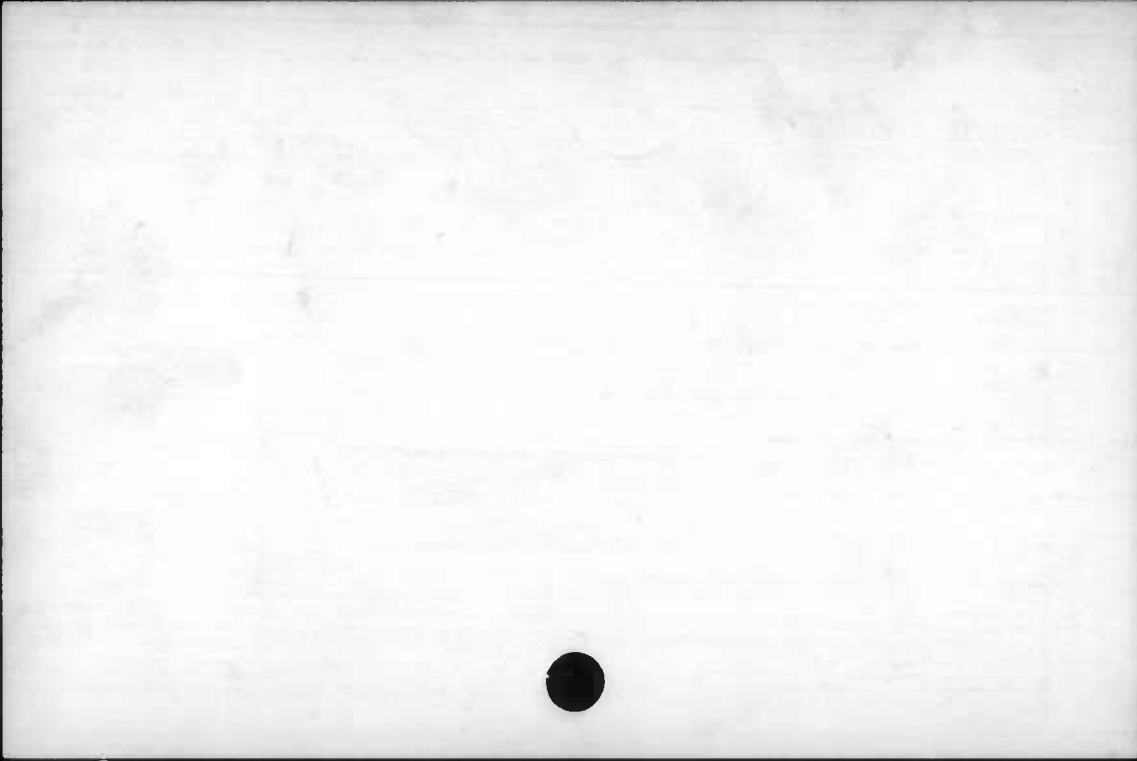
Signature of Physician

Address

Accident or Suicide

no

OFFICE SUPPLY CO. 5-20-08



Name
in
Full

Marie F. Banous

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hellaview</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1909 Aug 2</i>		Month		Day		Age		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hellaview</i>					
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Willaview, Md</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>							
Father's Name <i>Emile C. Banous</i>		Father's Birthplace <i>Steel Co. Minn.</i>							
Mother's Maiden Name <i>Katharine Hafka</i>		Mother's Birthplace <i>Baltimore</i>							
Name of person giving Information <i>Emile C. Banous</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Intestine - Enterocolitis</i>		How long <i>10 days</i>	
Immediate <i>Convulsions</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Louis B. Decker Jr</i>	
Accident or Suicide <i>Neither</i>		Address <i>Annapolis, Md.</i>	

Louis Hinkle

Name
in
Full

CERTIFICATE OF DEATH

Henry Elliott C. Waggaman
Town County

MARYLAND

Died at near Annapolis

Anne Arundel

Date of death 1909 Aug

Day 25

Age 30

Months 1

Days 8

Sex Male

Color or Race

White

Birth-place

Washington, D.C.

Occupation

Real Estate

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Mildred Waggaman

Father's Name

John F. Waggaman

Father's Birthplace

Va.

Mother's Maiden Name

Alice R. Wilson

Mother's Birthplace

Washington, D.C.

Name of person giving Information

How related to deceased

CAUSES OF DEATH

27

Primary

Tuberculosis of lungs & lungs + enteritis

How long

Years.

Immediate

Haemorrhages from bowels

How long

15 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Gordon Wilson

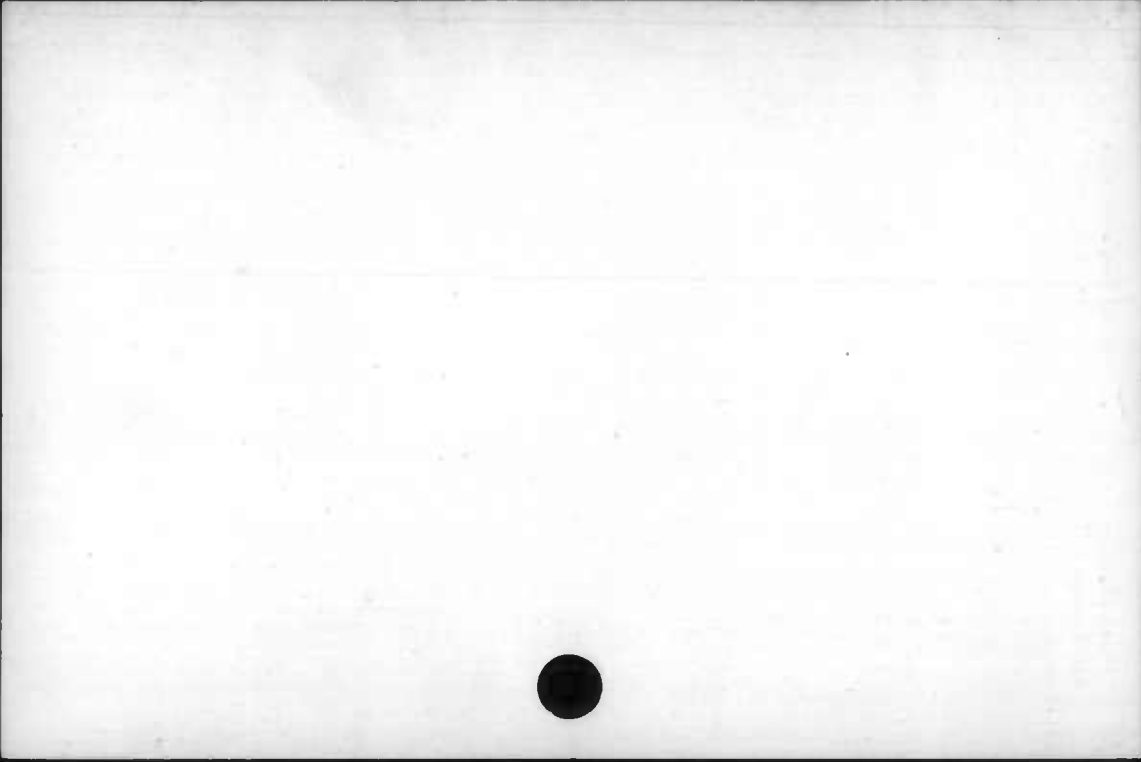
Address

1318 N. Charles St.,
Baltimore

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

dk **Name** *Thomas Martin Watson*

Town *Odenton* **County** *Anne Arundel* **MARYLAND**

Died at *Odenton*

Date of death *1909* **Month** *8* **Day** *11* **Age** *Years* **Months** *4* **Days** *25*

Sex *Male* **Color or Race** *White* **Birth-place** *Maryland*

Occupation *_____* **Where Residing if not at place of death** *Baltimore Md.*

Married, Single or Widowed *Single* **Name of Wife or Husband** *_____*

Father's Name *Robert D. Watson* **Father's Birthplace** *Maryland*

Mother's Maiden Name *Helen R. Bruce* **Mother's Birthplace** *11*

Name of person giving information *Robt D. Watson* **How related to deceased** *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

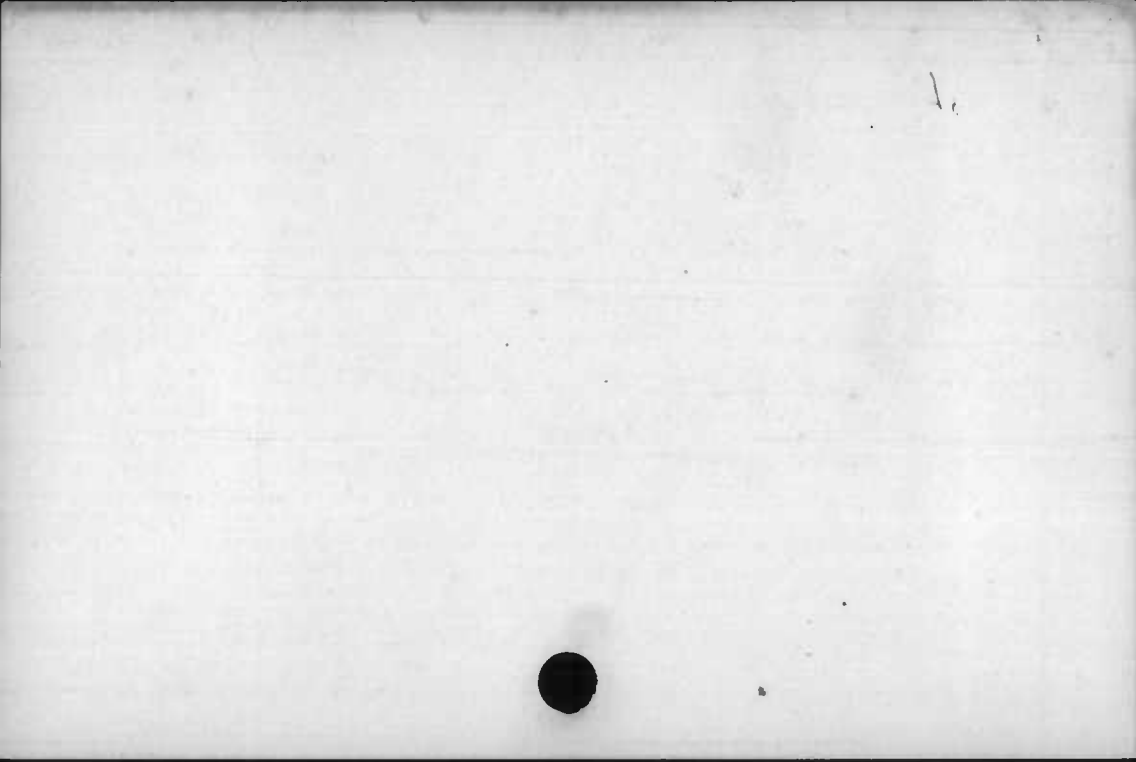
Primary *Enterocolitis* **How long** *Four Weeks*

Immediate *Exhaustion* **How long** *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* **Signature of Physician** *R. Hammond*

Address *Jessup, Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James K Whittington
Died at Lothman ^{TOWNSHIP} ^{COUNTY} MARYLAND

Date of death 1907 Aug 9 Age 38 Months 8 Days 8

Sex Male Color or Race Colored Birth-place Calvert Co

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James K Whittington Father's Birthplace Calvert Co

Mother's Maiden Name Harriet-Randal Mother's Birthplace Calvert Co

Name of person giving Information Percy Whittington How related to deceased Brother

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

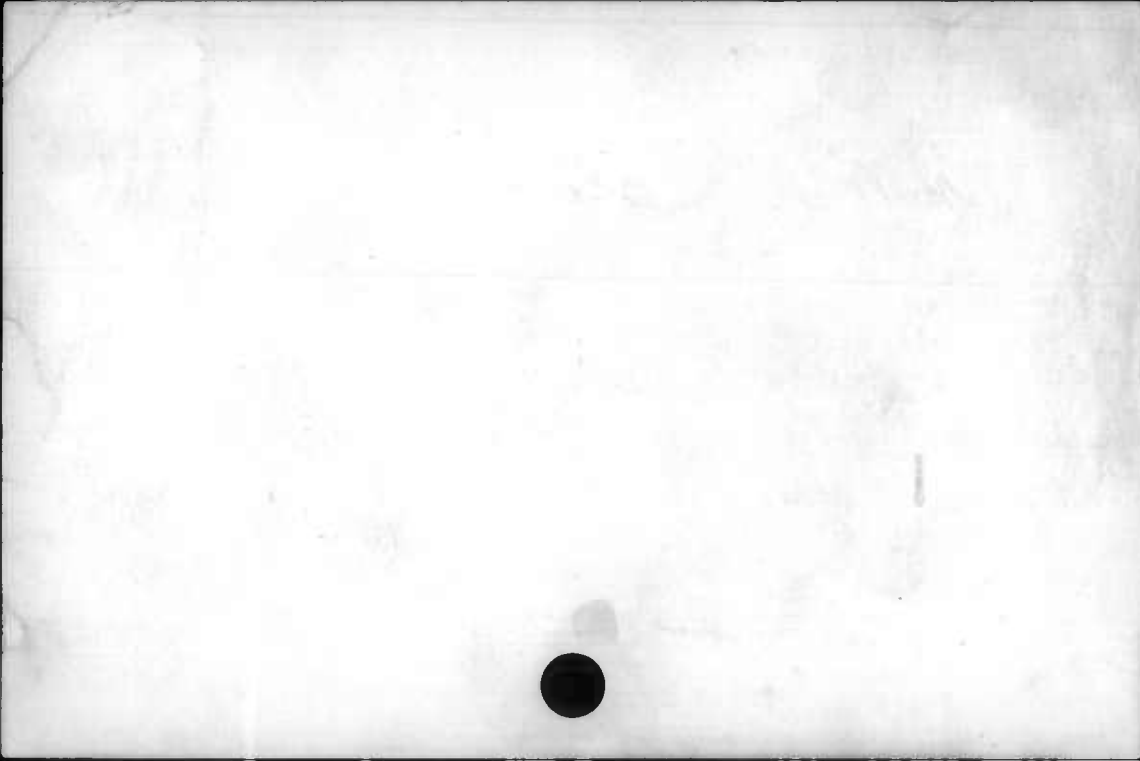
Primary Intestinal Tuberculosis How long Several Months

Immediate Asthenia How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L L Brayshaw Address Friedberg Md

Accident or Suicide



Name
in
Full

Sarah Martha Whittington

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Friendship

A.A.

Date of death 1909 Aug

Day

15

Age

Years

Months

Days

Sex Female

Color or Race

Colored

Birth-place

Fried
Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

93

Primary

Pneumonia

How long

One week

Immediate

Heart Exhaustion

How long

One hour

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

J. D. Brayshaw
Friendship
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leicester</u> ^{Town}		<u>Anne Ansdal</u> ^{County}		MARYLAND	
Date of death	1909	Month	August	Day	29
Age	0	Years	0	Months	0
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	_____		Where Residing if not at place of death	_____	
Married, Single or Widowed	Single	Name of Wife or Husband	_____		
Father's Name	Eldridge Willerson	Father's Birthplace	Ind.		
Mother's Maiden Name	Ann Sherbert	Mother's Birthplace	Ind.		
Name of person giving Information	Eldridge Willerson	How related to deceased	Father		

CAUSES OF DEATH

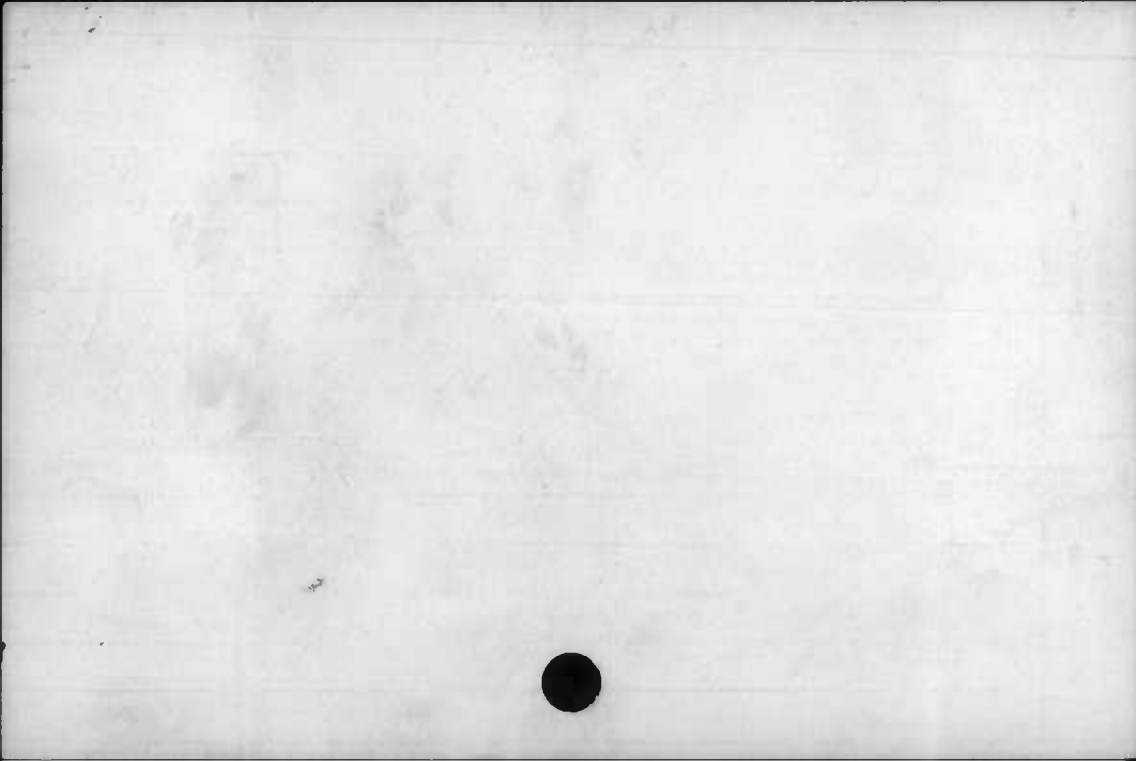
151

PHYSICIAN
OR CORONER

Primary	<u>Asthma</u>	How long	5 days.
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	<u>A. H. Perrie</u>
		Address	<u>West End, Ind.</u>
Accident or Suicide			



Name in Full		Alfred Wodalo				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St. Pauli		County		MARYLAND	
	Date of death	1909	Month	Aug	Day	1	Age
	Sex	Male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Antone Wodalo				Father's Birthplace	Austria
	Mother's Maiden Name	Kate Jakuzarska				Mother's Birthplace	" "
Name of person giving information	Antone Wodalo				How related to deceased	Father	
6		CAUSES OF DEATH				105	
PHYSICIAN OR CORONER	Primary	Indigestion				How long	Unknown
	Immediate	Enterocolitis				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. B. Horton
	Address					Address	So. Baltimore, Md.
<div> <div>Accident or Suicide?</div> <div></div> </div>							



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>on Chesapeake Bay</i>		Town <i>Unknown</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1909		Month <i>Aug.</i>	Day <i>18th</i>	Years <i>Age about 45.</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Unknown</i>			
Occupation <i>Apparently a Sailor</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Henry B. Stelling, Lake Shore P.O.</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>—</i>
Immediate <i>Drowning, apparently.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William S. Dumbach</i>
Accident <i>Supposed</i>	<i>Justice of the Peace</i> <i>Adelbert R. F. D. Vol. 6 C E 44</i>

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